

Name
in
Full

CERTIFICATE OF DEATH

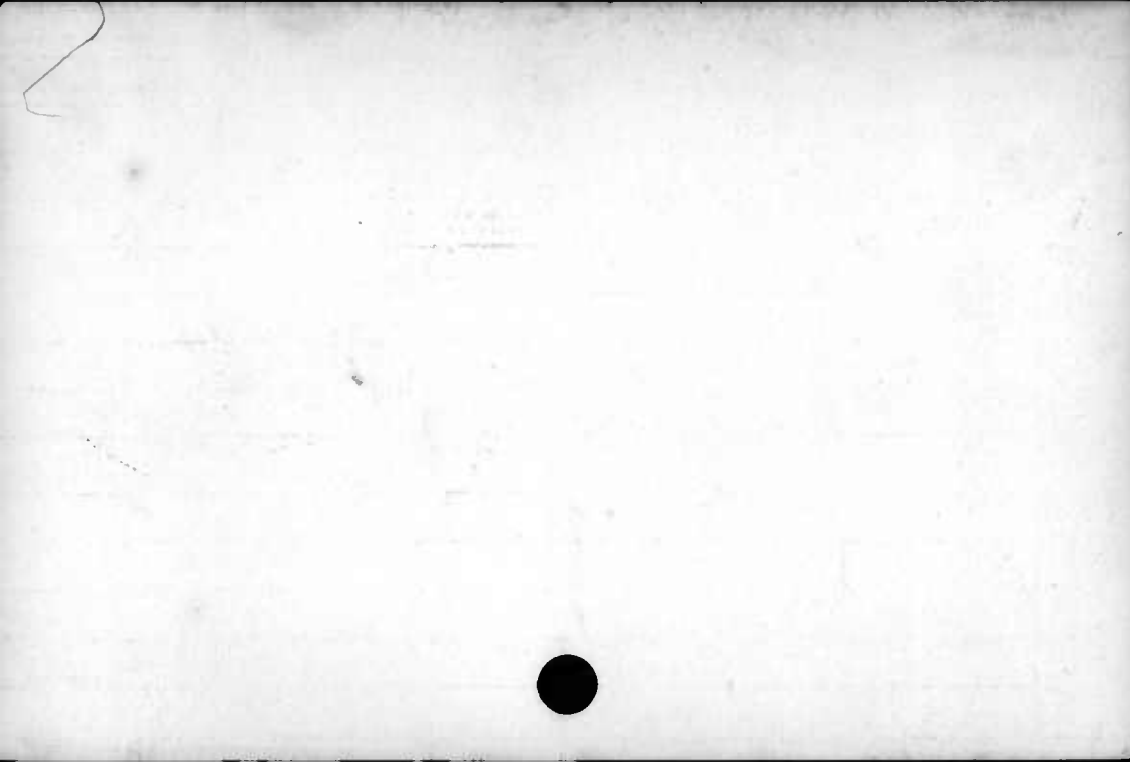
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumtreland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>12</i>	Years <i>53</i>	Months		Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Italy, Kansas</i>			
Occupation <i>Farmer</i>		Where Residing If not at place of death <i>Unmarried</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fanny Bausum</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Fredrick Bausum</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Killed by bar's</i>	How long	<i>166</i>
Immediate	<i>Death</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dennis E. Keel, Coroner</i>	
		Address <i>Lumberton, Md</i>	
Accident or Suicide?			



Name
in
Full

Infant Barclay

CERTIFICATE OF DEATH

Died at ^{Town} Lonaconing ^{County} Allegany

MARYLAND

Date of death 1905 ^{Month} July ^{Day} 31 ^{Age} ^{Years} ^{Months} ^{Days} 2Sex ^{Male} ^{Female} Color or Race ^{White} Birth place ^{Lonaconing}Occupation ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband}Father's Name ^{Father's Birthplace} James Barclay ^{Lonaconing}Mother's Maiden Name ^{Mother's Birthplace} Jane Connor ["]Name of person giving information ^{How related to deceased} Jas Barclay ^{Father}

CAUSES OF DEATH

Primary ^{How long} Premature birth ^{7 Months}Immediate ^{How long} ^{Examination}Are the name, age, sex, color, date and place correctly given above? ^{Yes} ^{No}Signature of Physician ^{Address} J. D. Skilling ^{Lonaconing}Accident or Suicide? ^{No}TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Julia Barnard
Town

County

MARYLAND

Died at *Emma*

Date of death *1905 July*

Day

8

Age

Years

1

Months

1

Days

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Ward J Barnard

Father's
Birthplace

Ind

Mother's
Maiden Name

Martha McKenna

Mother's
Birthplace

Name of person giving
Information

Ward J Barnard

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

10 hrs.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

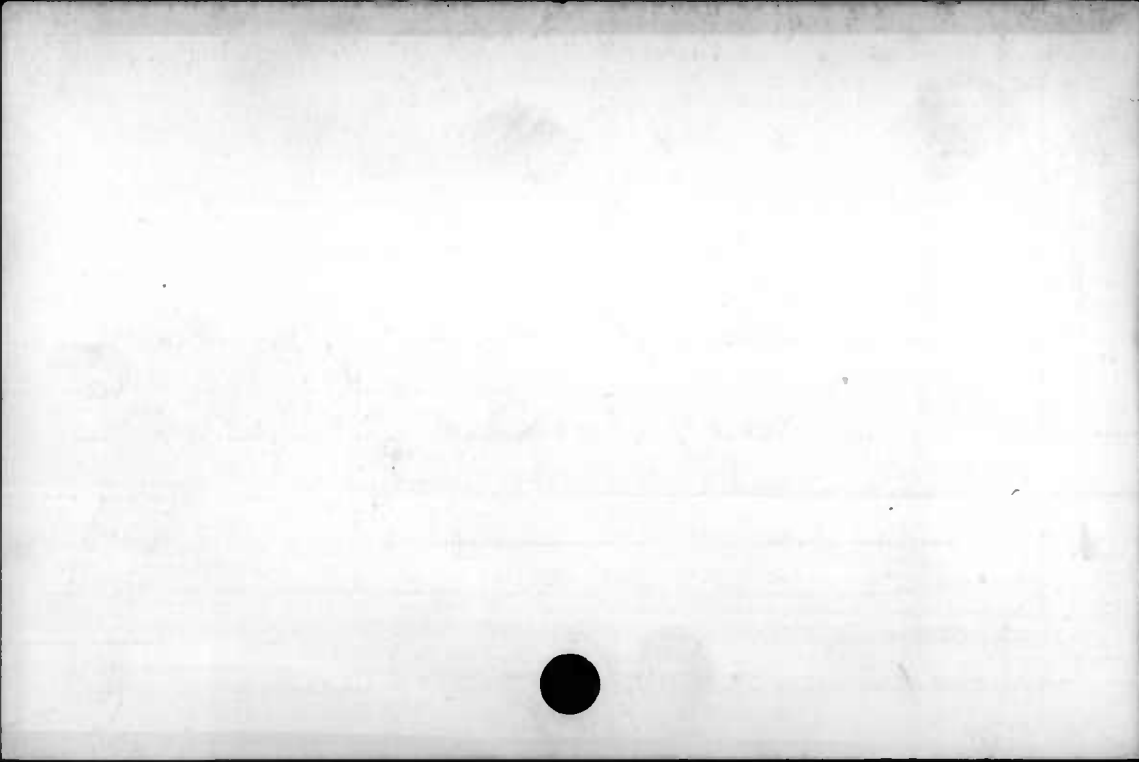
Dr Thos. Brown

Address

Baltimore

Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Chas L. Barnett</i>		Town <i>Frostburg</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at		Month <i>7</i>		Day <i>10</i>		Age Years <i>74</i> Months <i>0</i> Days <i>-</i>	
Date of death <i>1905</i>		Sex <i>F.</i>		Color or Race <i>W.</i>		Birth-place <i>England</i>	
Occupation <i>H. W.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>(Deceased) Chas L. Barnett,</i>					
Father's Name <i>Perin Rowe</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Mary Ann Stratton</i>		Mother's Birthplace <i>England.</i>					
Name of person giving information <i>Fred Rowe,</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis of Liver.</i> <input checked="" type="checkbox"/>	How long	<i>1 yr,</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr W. O. Mc Lane</i>	
		Address <i>Frostburg Md,</i>	
Accident or Suicide?			

Frostburg Furniture & Undertaking Co.

Name
in
Full

CERTIFICATE OF DEATH

Edward Noble Bauernmaster

Town

County

MARYLAND

Died at

Crown

Alle

Date

Month

Day

Years

Months

Days

of death 1905

July

18

Age

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Edward Bauernmaster

Father's
Birthplace

Pa

Mother's
Maiden Name

Missouri Gents

Mother's
Birthplace

Pa

Name of person giving
Information

Anna G Gents

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Premature birth

How long

6 m

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

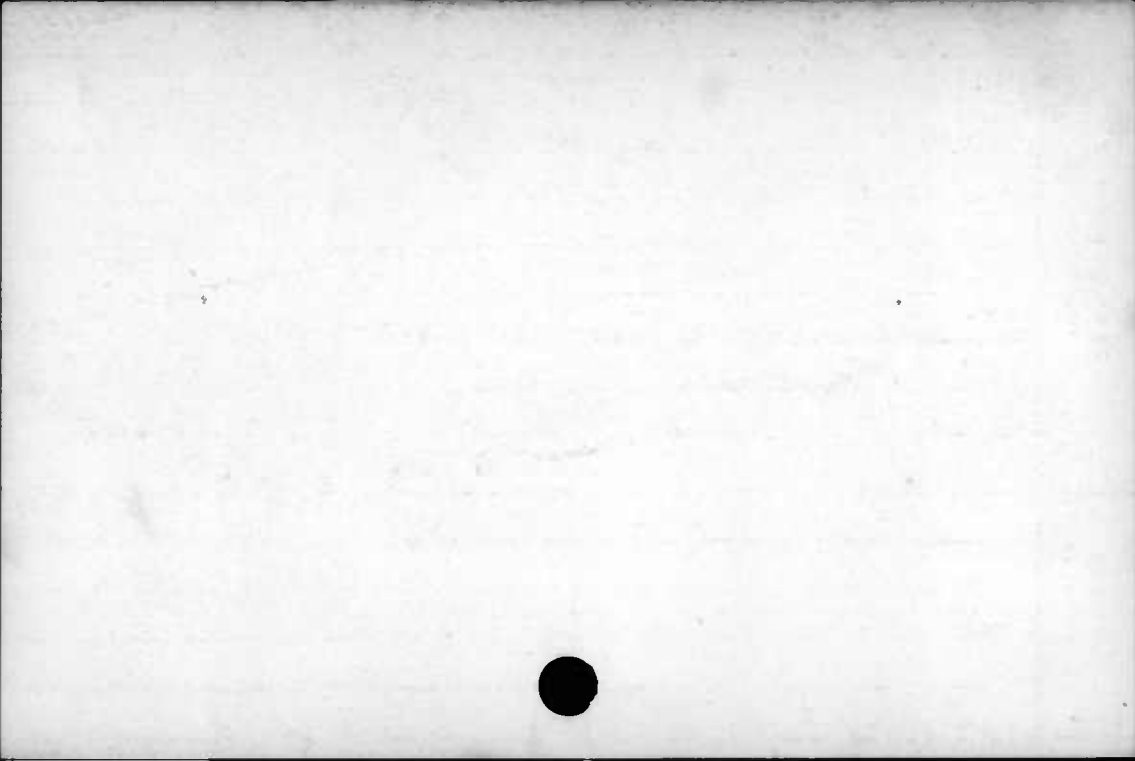
William Noble

Address

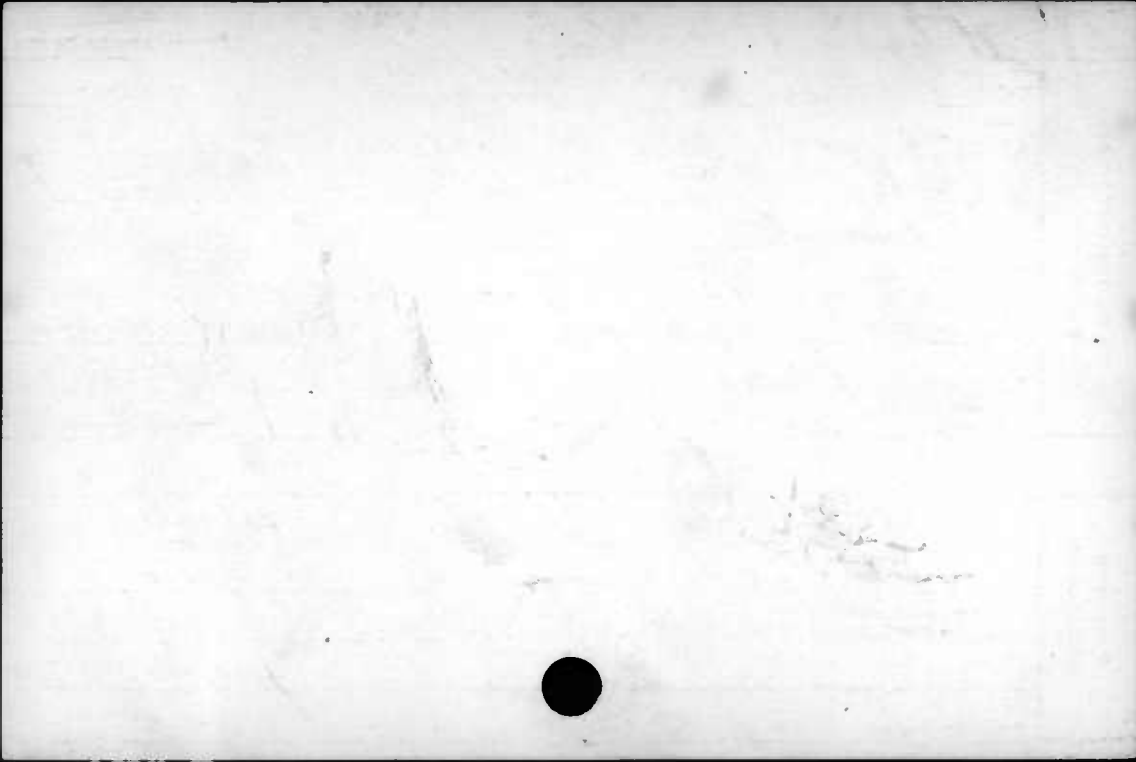
Baltimore

Accident or Suicide?

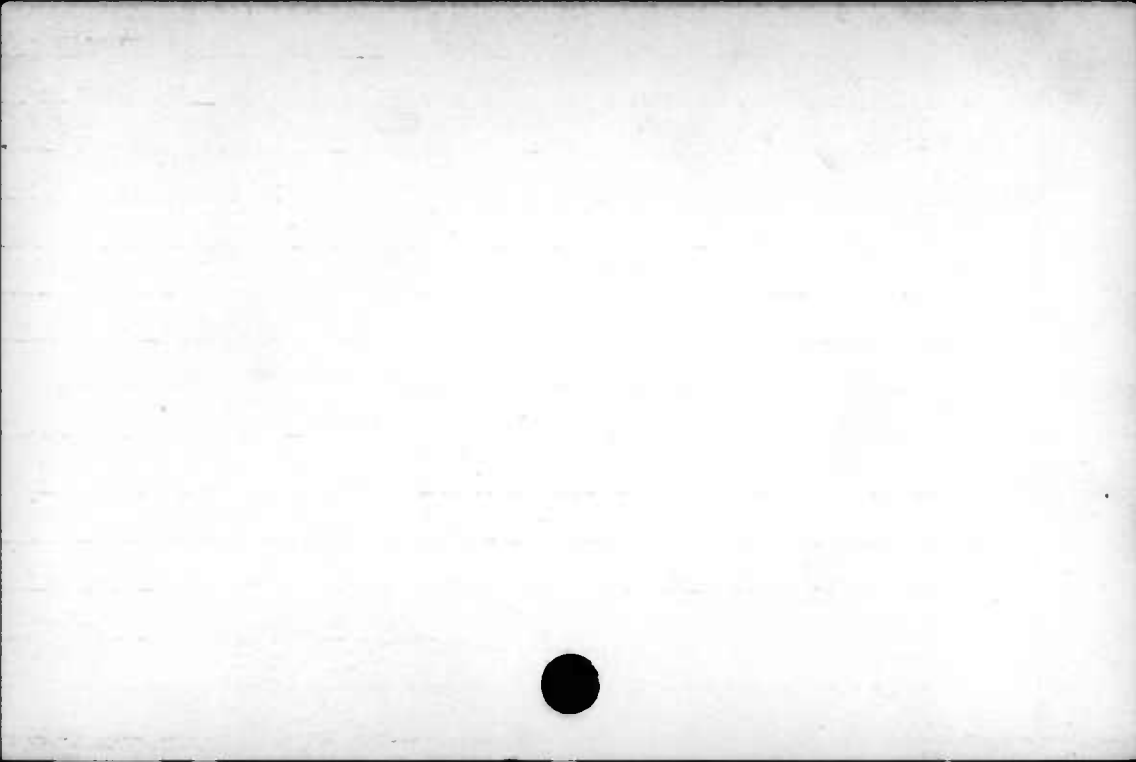
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Helgon A Buckner		CERTIFICATE OF DEATH	
Died at Westernport Town		Allegany County	
Date of death 1905 Month June Day 3		Age 5 Years 13 Months 13 Days	
Sex Male		Color or Race White	
Occupation Esq		Birth-place Westernport	
Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —	
Father's Name L M. Buckner		Father's Birthplace Virginia	
Mother's Maiden Name Miss E Steers		Mother's Birthplace Pennsylvania	
Name of person giving Information L M Buckner		How related to deceased Father	
CAUSES OF DEATH			
Primary Whooping Cough		How long Two weeks	
Immediate Bacterial Pneumonia		How long 3 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. G. Abbott	
		Address Piedmont W Va	
Accident or Suicide? —			



Name in Full		Mrs Mary Doory Birmingham				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
		<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>						
PHYSICIAN OR CORONER		Primary			How long			
		Immediate			How long			
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
					Address			
		<div style="border: 1px solid black; padding: 5px;"> <p>Accident or Suicide?</p> </div>						



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *John Bowen*

Town *Cumberland* County *Alle-gany*

Died at *Cumberland*

Date of death *1903* Month *July* Day *13* Age *12* Years *12* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Cumld.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John D. Bowen*

Father's Birthplace *MD*

Mother's Maiden Name *Annie Keinkoffer*

Mother's Birthplace *MD*

Name of person giving Information *John Bowen*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Tetanus*

How long *3 days*

Immediate *Spasms*

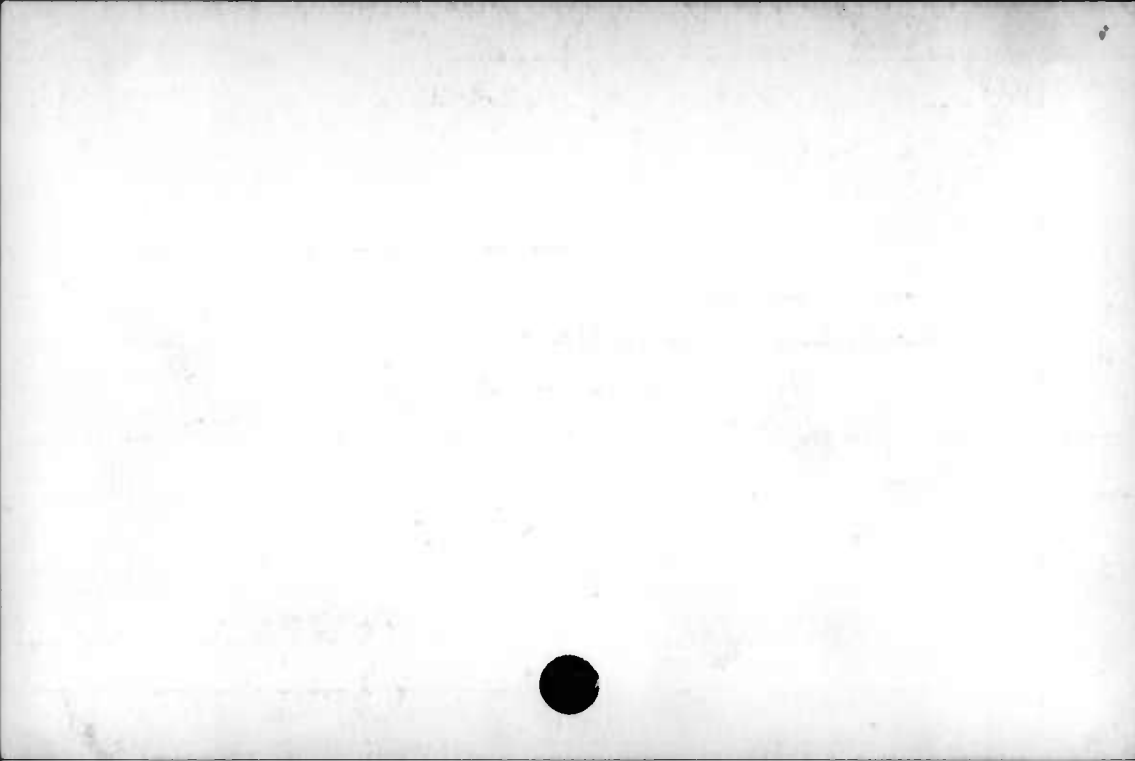
How long *immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

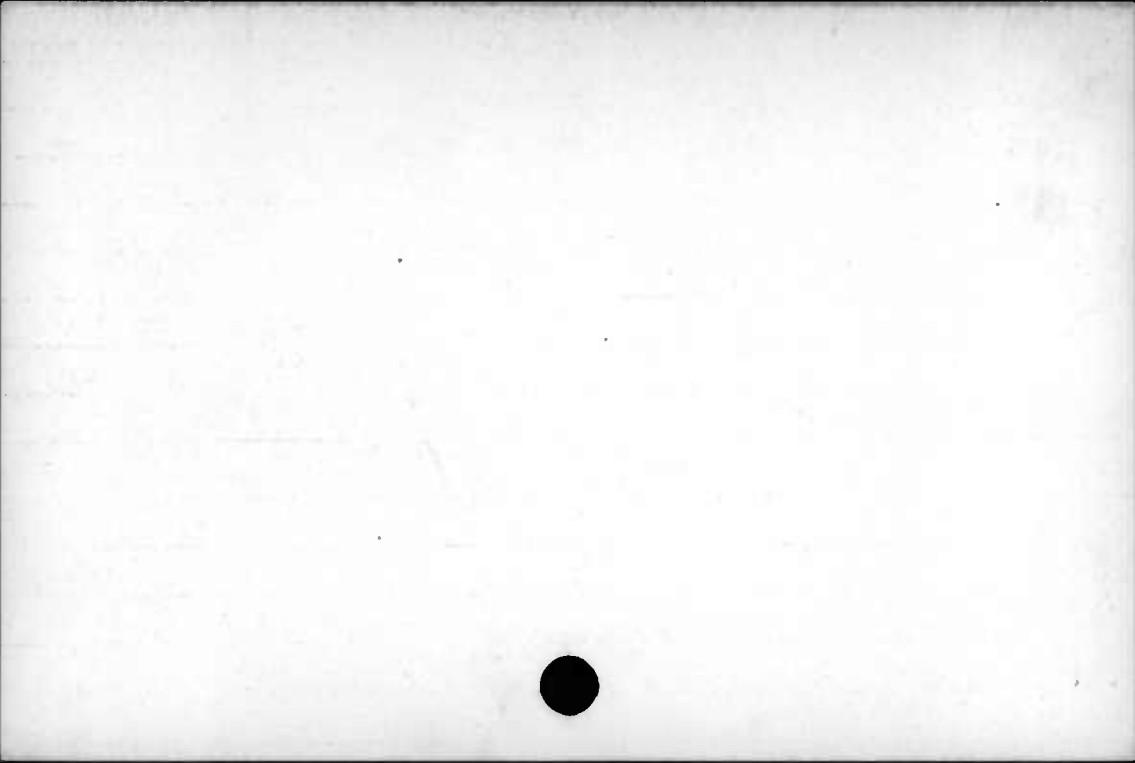
Signature of Physician *W. H. Grace*

Address *Cumld*

Accident or Suicide? *—*



Name in Full		Sarah E Burgee				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Crumbo		County		Allan					
	Date of death		1905		Month		May					
	Day		28		Age		Years					
	Sex		female		Color or Race		col.					
	Occupation		none		Birth-place		md					
	Where Residing if not at place of death		—									
Married, Single or Widowed		—		Name of Wife or Husband		—						
Father's Name		Lloyd Burgee				Father's Birthplace		md				
Mother's Maiden Name		Minnie Jones				Mother's Birthplace		md				
Name of person giving information		Lloyd Burgee				How related to deceased		Father				
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary				Inanition				How long		3 mo	
	Immediate				Exhaustion				How long		3 weeks	
	Are the name, age, sex, color, date and place correctly given above?				yes				Signature of Physician			
	✓				H. Grace				Address			
	Accident or Suicide?				Crumbo				md			



Name in Full *Marj Gladis Cline*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Northbury</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i> ^{Month} <i>July</i> ^{Day} <i>14</i>	Age <i>X X X</i> ^{Years}		Months <i>4</i>	Days <i>3</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Northbury Md.</i>		
Married, Single or Widowed <i>X X X</i>		Occupation <i>X X X</i>			
Name of Wife or Husband <i>X X X</i>					
Father's Name <i>George D. Cline</i>			Father's Birthplace <i>Allegany</i>		
Mother's Maiden Name <i>Jane Ellis</i>			Mother's Birthplace <i>Allegany</i>		
Name of person giving information <i>Geo. D. Cline</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 months.</i>
Immediate <i>Spasms</i>	How long <i>10 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. E. Cline M.D.</i>
	Address <i>Exhart Mines</i>
	<i>Md.</i>
*Accident or Suicide?	

Wm

Albany County

Name
in
Full

Thomas Coleman

M/I

CERTIFICATE OF DEATH

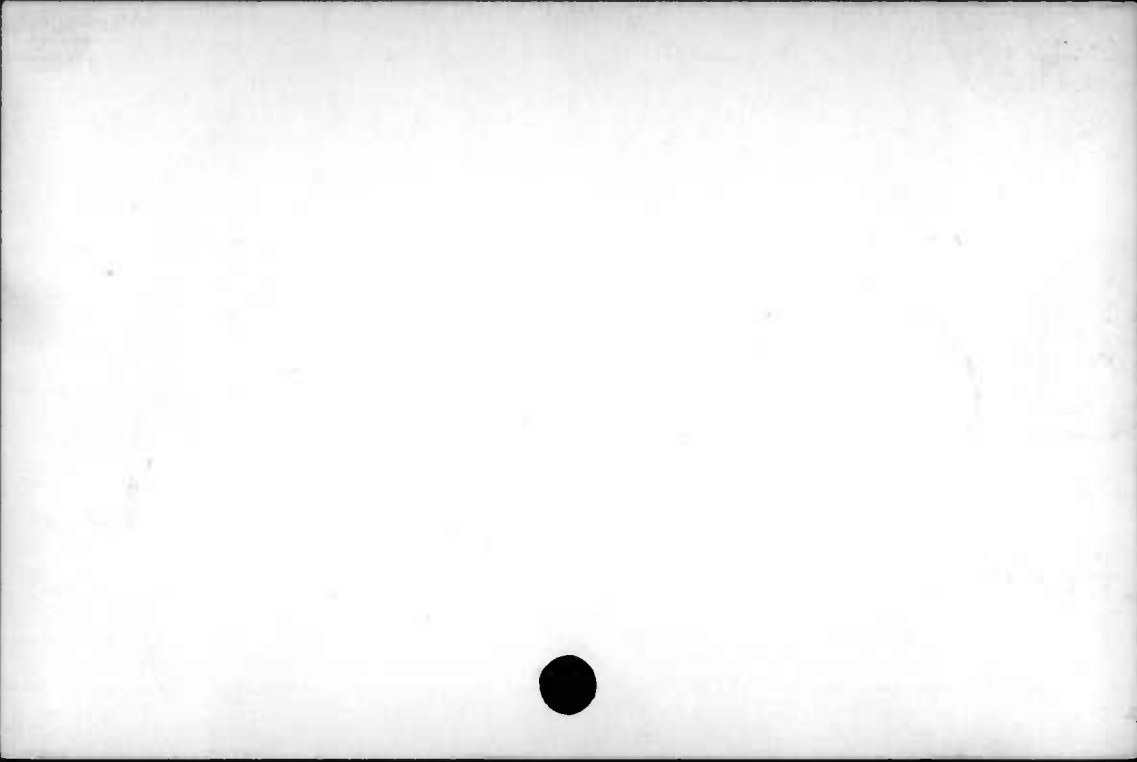
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumuld</i>		Town <i>Cumuld</i>		County <i>Alleghany</i>		MARYLAND	
Date of death	1905	Month	July	Day	11	Age	Years 12
Sex	Male	Color or Race	White	Birth-place	Cumuld	Months	Days
Occupation	Student	Where Residing if not at place of death		-			
Married, Single or Widowed	-	Name of Wife or Husband		-			
Father's Name	-					Father's Birthplace	
Mother's Maiden Name	Mrs J. M. F. Coleman					Mother's Birthplace	
Name of person giving Information	Mrs J. M. F. Coleman					How related to deceased	
					mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>12</i>	How long
Immediate	<i>Drowned</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dennis BNeal "Doc"</i>	
	Address	
Accident or Suicide?	<i>Accidental</i>	



Name
in
Full

Wm Bruce Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Wilegany</u> ^{County}		- MARYLAND	
Date of death <u>1905</u> ^{Month} <u>July</u> ^{Day} <u>30</u>	Age <u>-</u> ^{Years}	<u>4</u> ^{Months}		<u>-</u> ^{Days}	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Cumbyland Md</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>George Coleman</u>	Father's Birthplace <u>Cumbyland Md</u>				
Mother's Maiden Name <u>Wilber</u>	Mother's Birthplace <u>Cumbyland Md</u>				
Name of person giving information <u>Geo Coleman</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enter Colitis</u>	How long <u>one week</u>
Immediate <u>Exhaustion</u>	How long <u>several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. J. Duke</u>
	Address <u>Cumbyland Md</u>
Accident or Suicide? <u>-</u>	



Name in Full		George H. Cook				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cumberland		County Alleghany		MARYLAND	
	Date of death	1905	Month July	Day 11	Age 30	Months —	Days —
	Sex	male		Color or Race	white		
	Occupation	Salesman			Birth-place	Frostburg Md	
	Where Residing if not at place of death			—			
	Married, Single or Widowed	married		Name of Wife or husband	Lavina Cook		
	Father's Name	John Cook			Father's Birthplace	London Eng	
	Mother's Maiden Name	Bertha Plender			Mother's Birthplace	Germany	
Name of person giving information	Mrs George Cook			How related to deceased	Wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	General Tuberculosis (34)				How long	6 years
	Immediate	Exhaustion				How long	Several months
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				E. T. Duke		
	Address				Cumberland Md		
Accident or Suicide?							



Name
in
Full

Patrick H. Gaff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Westernport* ^{County} *Allegany* **MARYLAND**

Date of death *1905* Month *7* Day *8* Age *74* Years Months *6* Days *8*

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Gardner* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Patrick Gaff* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* (3) How long *8 days*

Immediate *11* How long

Are the name, age, sex, color, date and place correctly given above?

Yes

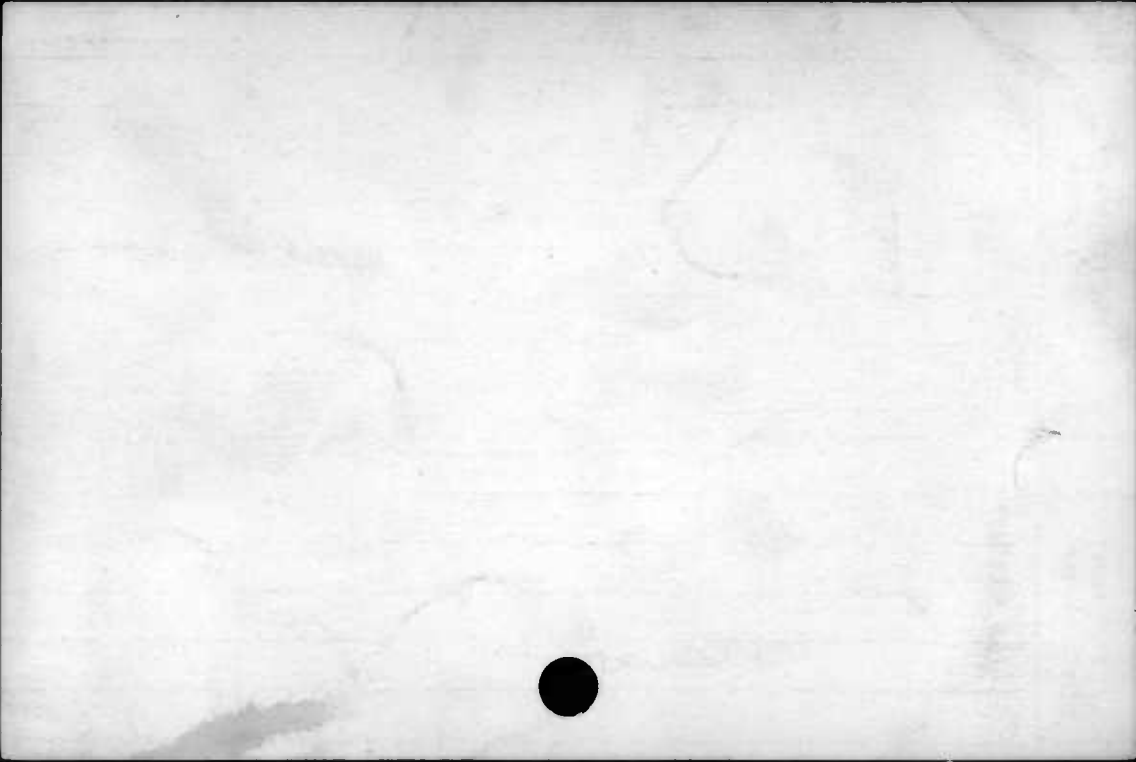
Signature of Physician

Address

W. H. Parsons

Bedmont, W. Va.

Accident or Suicide?



Name
in
Full

Carrie Dawson

CERTIFICATE OF DEATH

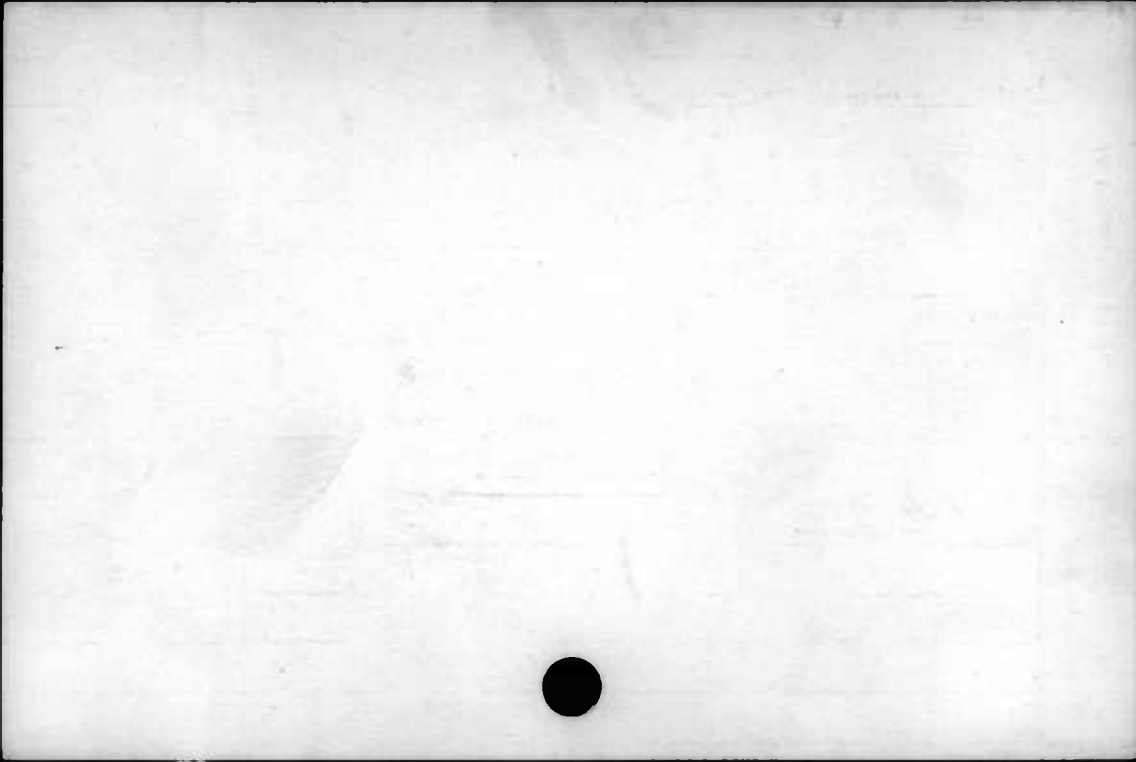
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westernport</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>20</i> <small>Day</small>	Age <i>10</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>21</i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Westernport</i>			
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband _____				
Father's Name <i>George Dawson</i>	Father's Birthplace <i>W Va.</i>				
Mother's Maiden Name <i>Agnes Dawson</i>	Mother's Birthplace <i>Scotland</i>				
Name of person giving information <i>George Dawson</i>	How related to deceased <i>Parents</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>2 wks</i>
Immediate <i>105</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Breaker</i>
Address _____	
Accident or Suicide? _____	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Downing
Town County
Died at *Essex* *Allegheny*
MARYLAND
Date of death 1905 Month *July* Day *11* Age *47* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Int-Savaga*
Married, ~~Single~~ *Widowed* Occupation *Miner*
Name of Wife or Husband
Father's Name *Joseph Downing* Father's Birthplace *Germany*
Mother's Maiden Name *Eva Downing* Mother's Birthplace *Germany*
Name of person giving information *John Smith* How related to deceased *Half Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *accident* How long
Immediate *fell from moving train* How long
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician *Dennis E. O'Neal* Coroner
Address *Glensboro, N.D.*
Accident or ~~other~~

Catholic Church -

John

Name
in
Full

James Doyle

CERTIFICATE OF DEATH

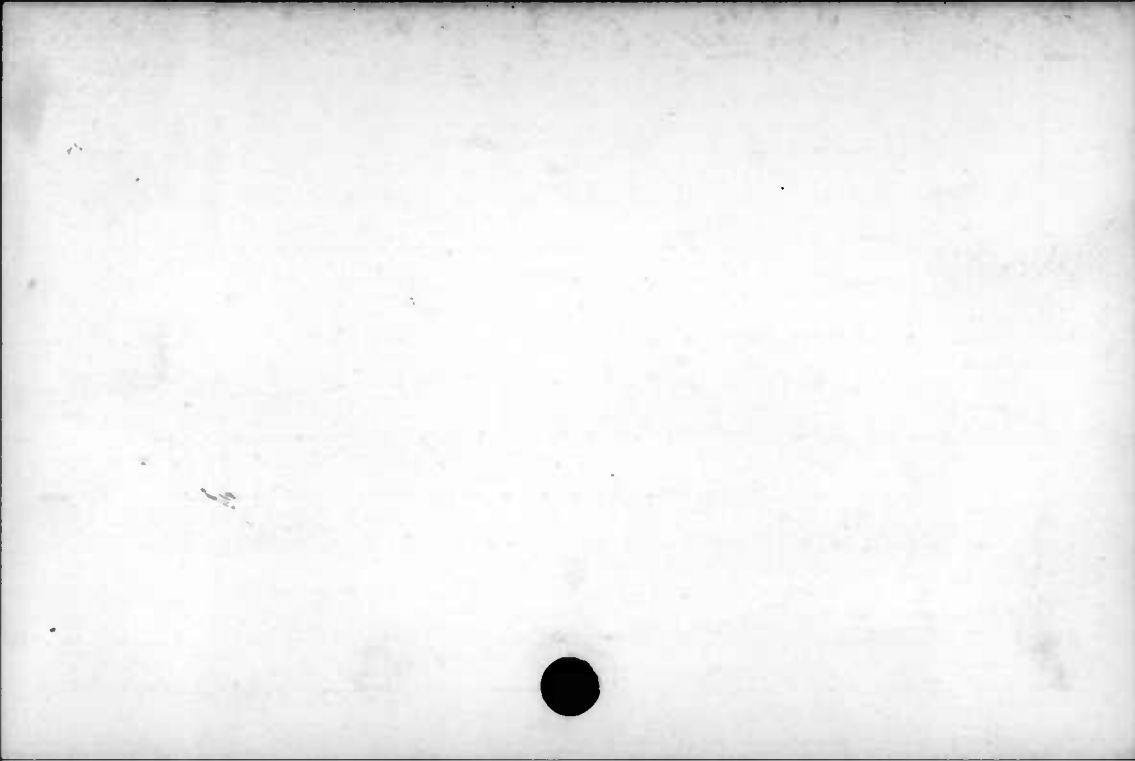
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camden</i>			Town <i>Camden</i>			County <i>Allegheny</i>			MARYLAND		
Date of death <i>1905</i>		Month <i>July</i>		Day <i>4</i>		Age <i>4</i>		Years <i>11</i>		Months <i>11</i>	
Sex <i>male</i>		Color or Race <i>White</i>				Birth-place <i>Camden</i>					
Occupation <i>—</i>						Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>						Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Doyle</i>						Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Ellen M. Steward</i>						Mother's Birthplace <i>Camden</i>					
Name of person giving information <i>James E. Shay</i>						How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Ransoniana</i>		How long <i>4 da</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr E B Claybrook</i>	
LOUIS STEIN,		Address <i>Camden</i>	
Accident or Suicide?		<i>Do not know</i>	



Name
in
Full

Rosy A. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Vale Summit		County Allegheny		MARYLAND	
Date of death	1905	Month July	Day 3rd	Age	24	Months 4	Days 9
Sex	Female		Color or Race	White American		Birth-place	Vale Summit Md
Occupation	Trained Nurse			Where Residing if not at place of death " "			
Married , Single or Widowed			Name of Wife or Husband "				
Father's Name	James Brown					Father's Birthplace	Ireland
Mother's Maiden Name	Ellen Klammegun					Mother's Birthplace	"
Name of person giving information	J. H. Etchard M.D.					How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	2 years ago
Immediate	Tuberculosis		How long	2 years
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. H. Etchard
			Address	Vale Summit Md
Accident or Suicide?				

to Mr

Catholic Census.

Donald

Name
in
Full

Cathrine Sundum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkhart</i> ^{Town} <i>Miner</i>		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190	<i>5</i> ^{Month} <i>July</i>	<i>27</i> ^{Day}	Age <i>2</i> ^{Years}	Months <i>2</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Elkhart, Ind</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>George E. Sundum</i>			Father's Birthplace <i>Allegheny Co Ind</i>		
Mother's Maiden Name <i>Cathrine Conley</i>			Mother's Birthplace <i>Alleg. Co Ind</i>		
Name of person giving information <i>Geo. E. Sundum</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	<i>14</i>	How long <i>12 days</i>
Immediate <i>Exhaustion</i>		How long <i>X X</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Bluemwell Ind</i>	
	Address <i>—</i>	
Accident or Suicide? <i>—</i>		

G. M. Catmole
Cecily

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cephar</i>		County <i>Alleghany</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>24</i>	Age <i>14</i>	Years <i>14</i>	Months <i>15</i>	Days <i>15</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>None</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Pointer Dunder</i>					
Father's Name <i>None</i>				Father's Birthplace <i>None</i>			
Mother's Maiden Name <i>None</i>				Mother's Birthplace <i>None</i>			
Name of person giving information <i>John J. Dunder</i>				How related to deceased <i>Son</i>			

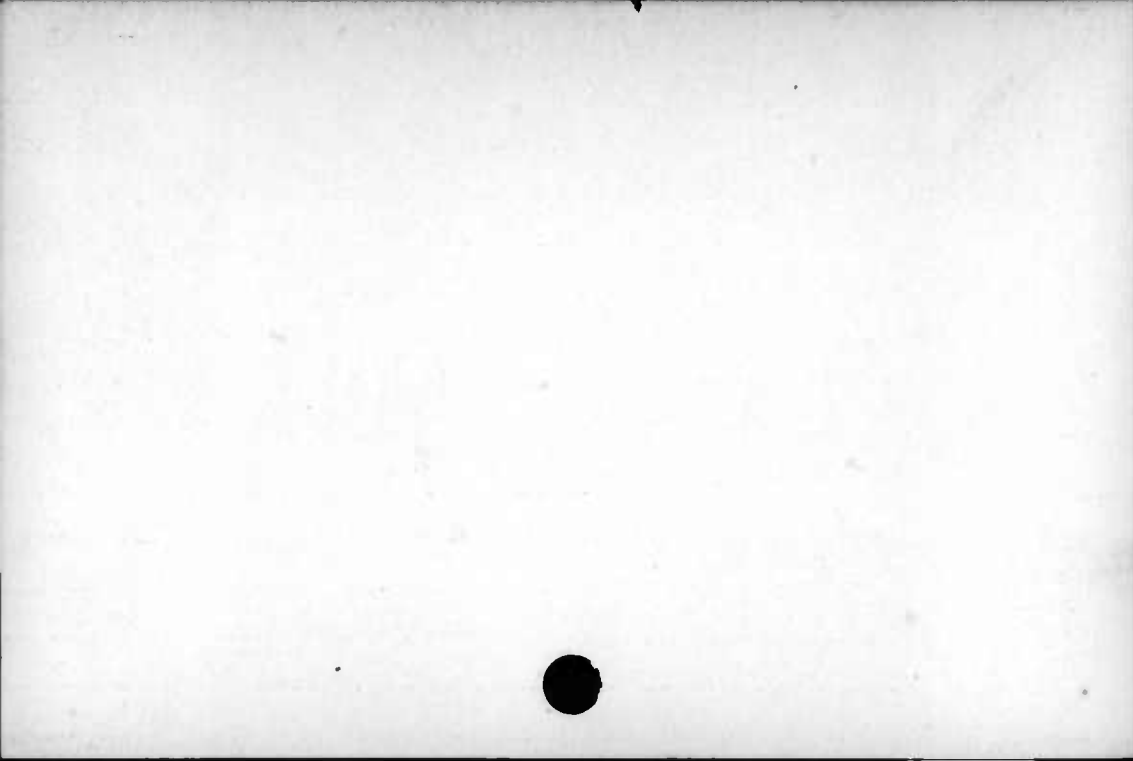
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Asthma</i>	How long	<i>20 years</i>
Immediate	<i>Severe exhaustion</i>	How long	<i>Instant</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. C. Cohen</i>	
		Address	
		<i>Frothingham St</i>	
Accident or Suicide?			
<i>No</i>			

Frostburg Furniture & Undertaking Co.

Name in Full Otilia Durst		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Barton Town		County Allegany
	Date of death 190 5 Month July Day 11 Age 29 Years Months 8 Days 12		MARYLAND
	Sex Female	Color or Race White	Birth-place Alleg. Co Md
	Married, Single or Widowed Single	Occupation Teacher in Pub. School	
	Name of Wife or Husband Alfred Durst		
	Father's Name Alfred Durst		
	Mother's Maiden Name Philadelphia McGuerden		
Name of person giving information Gordon Durst		Father's Birthplace Alleg. Co Md	
		Mother's Birthplace Alleg. Co Md	
		How related to deceased Brother	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary		How long
	Immediate Pistol Wound		How long Instant
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. Boucher
			Address Barton Md
	Accident, Sex Suicide? Suicide		



Name
in
Full

CERTIFICATE OF DEATH

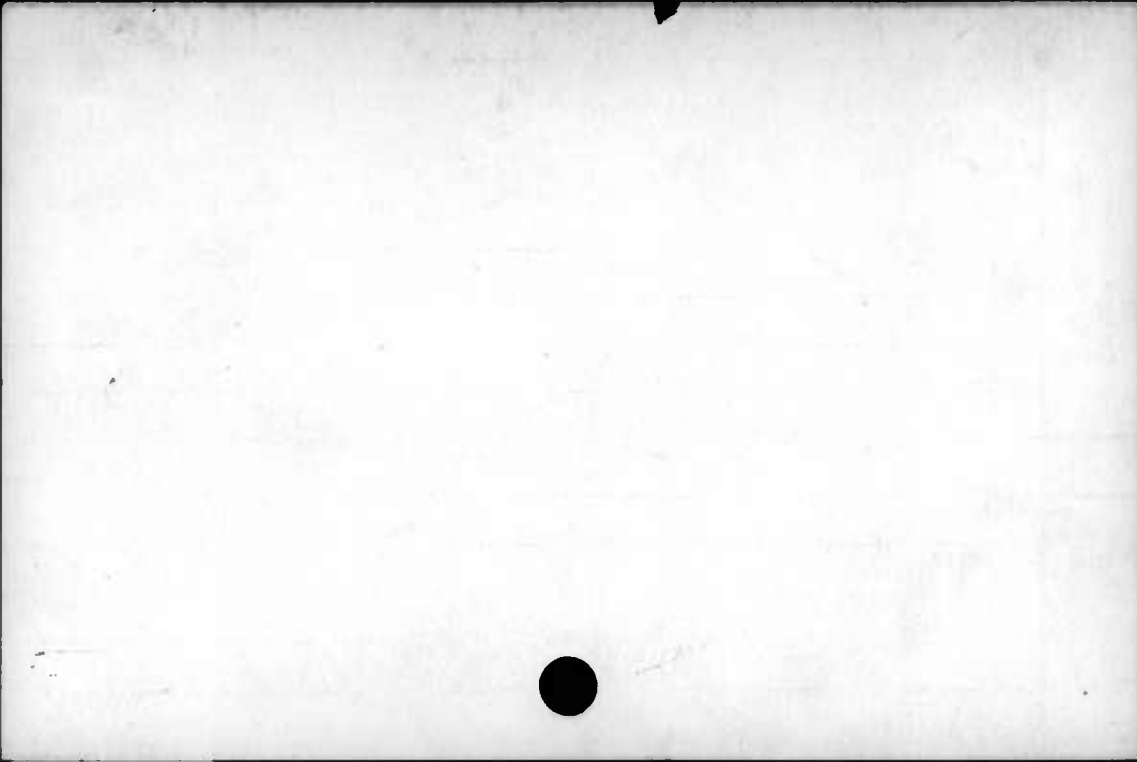
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cummd</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	1905	Month	July	Day	12
Age	1	Years	10	Months	0
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Cummd.</i>
Occupation	Where Residing if not at place of death				
Married, Single or <i>Widowed</i>		Name of Wife or Husband			
Father's Name	<i>W. M. Eichelberger</i>			Father's Birthplace	<i>Pennsa</i>
Mother's Maiden Name	<i>Hattie Brook</i>			Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>W. M. Eichelberger</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>10</i>
Immediate	<i>Pneumonia</i>	How long	<i>3 da.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. Ed. Harris</i>
		Address	<i>per Dr. Harris, Cumberland</i>
Accident or Suicide?	<i>LOUIS STEIN</i>		<i>Harris</i>



Name
in
Full

Lydia Esterlund

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bumda</u> Town			County <u>Allegheny</u>			MARYLAND		
Date of death <u>1905</u>		Month <u>July</u>	Day <u>1</u>	Age <u>33</u>	Years	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Bumda</u>				
Occupation <u>Wife</u>				Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Charles</u>						
Father's Name <u>David Strong</u>				Father's Birthplace <u>Bumda</u>				
Mother's Maiden Name <u>Mary Lafferty</u>				Mother's Birthplace <u>Bumda</u>				
Name of person giving information <u>Charles Esterlund</u>				How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary	<u>Phthis Pulmonalis</u>	How long <u>2 1/2</u>
Immediate	<u>Droopy</u>	How long

Are the name, age, sex, color, date and place correctly given above?

yes

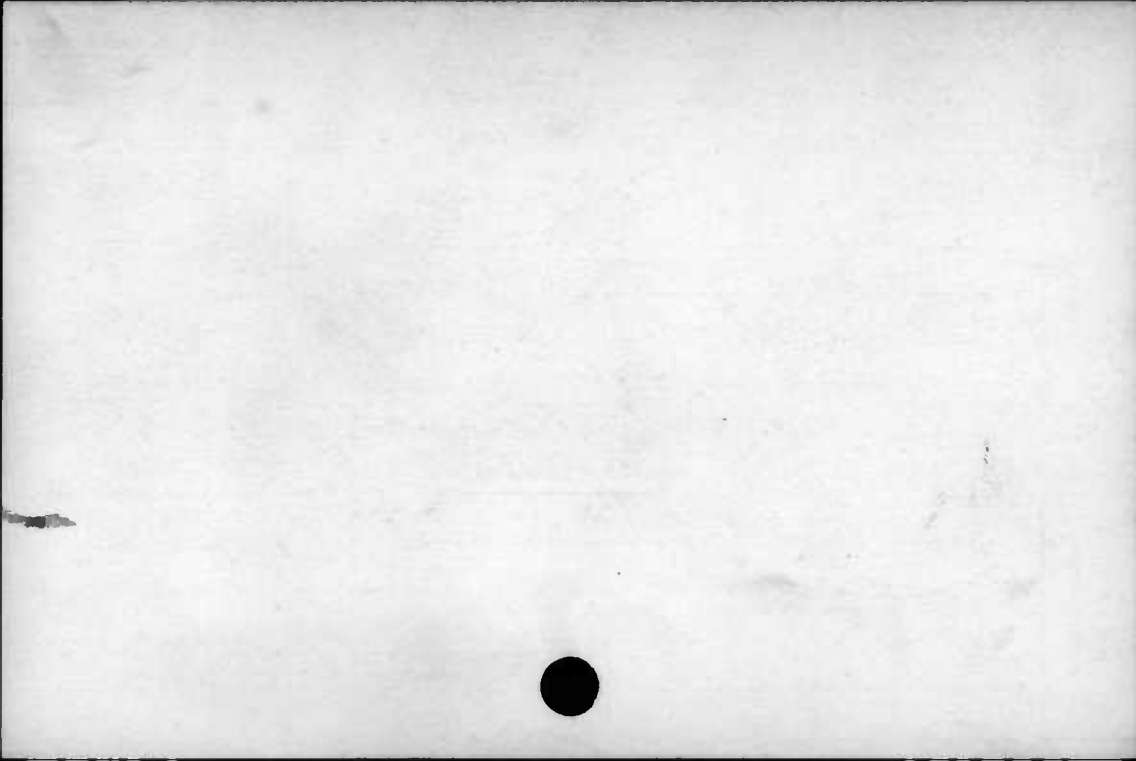
Signature of Physician

Address

Dr J J Wilson

LOUIS STEIN.

Accident or Suicide?



Name
in
Full

George W. Foreman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleghany		MARYLAND				
Date of death		190	Month July	Day 20	Age —	Years —	Months 11	Days —		
Sex		Male		Color or Race		White		Birth- place	Cumda	
Occupation					Where Residing if not at place of death					
Married, Single or Widowed					Single				Name of Wife or Husband	—
Father's Name					James Foreman				Father's Birthplace	W Va
Mother's Maiden Name					Annie Horn				Mother's Birthplace	Md.
Name of person giving In formation					James Foreman				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis	How long	12 d
Immediate	Concussion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr H S Wailes	
Address		nr Fastain.	
Accident or Suicide?		Wailes	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Gorguerbeam</i>		Town <i></i>		County <i></i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>July</i>	Day <i>30</i>	Age <i></i>	Years <i></i>
Sex <i></i>		Color or Race <i>White</i>		Birthplace <i>Ind</i>		Months <i>5</i>	Days <i></i>
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Etta McBride</i>		Father's Birthplace <i></i>					
Mother's Name <i>Archie Gorguerbeam</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Archie Gorguerbeam</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>2 weeks</i>
Immediate <i>Bruise Meningitis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr J Jones Wilson</i>
LOUIS STEIN	Address <i>Camden Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

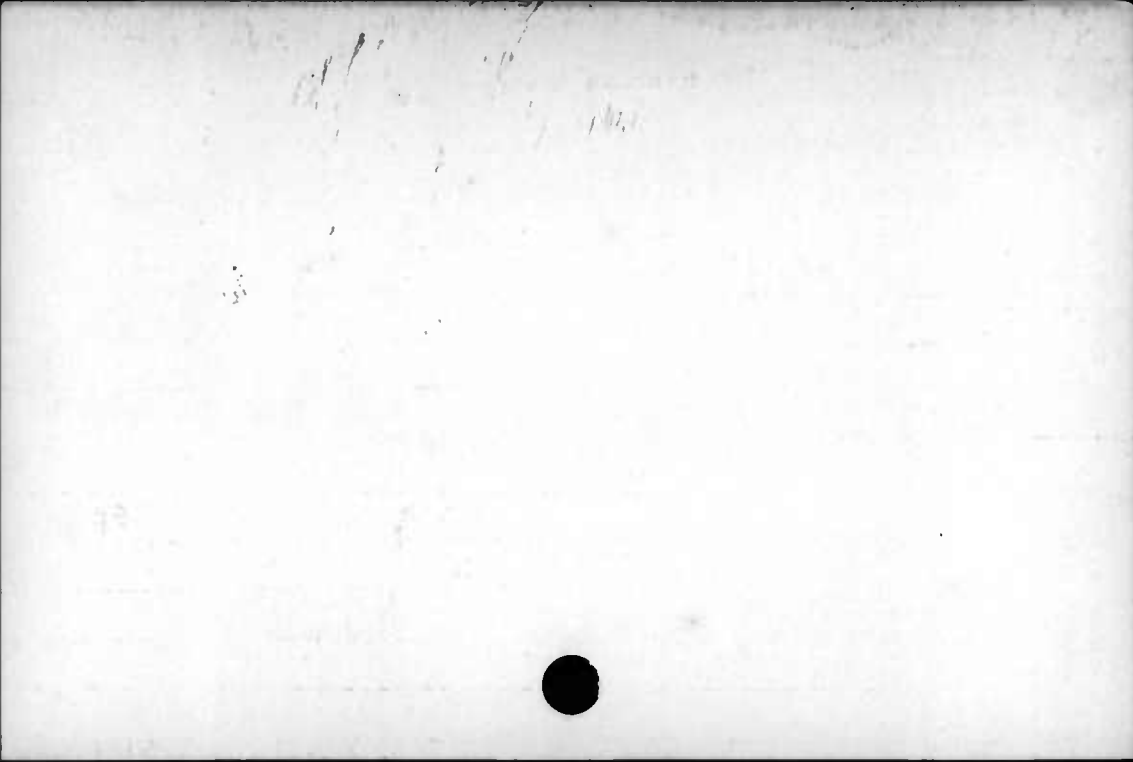
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 1905	<i>July</i> ^{Month}	<i>4</i> ^{Day}	Age <i>1</i> ^{Years}	<i>1</i> ^{Months}	<i>1</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Allegheny Co</i>		
Married, Single or Widowed <i>L</i>			Occupation <i>L</i>		
Name of Wife or Husband <i>L</i>					
Father's Name <i>Chas Green</i>			Father's Birthplace <i>Allegheny Co</i>		
Mother's Maiden Name <i>Lottie Howell</i>			Mother's Birthplace <i>Allegheny Co</i>		
Name of person giving information <i>Lottie Green</i>			How related to deceased <i>Walter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long
Immediate	<i>about the 6th month</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. J. Boncher</i>
		Address <i>Barton</i>
Accident or Suicide?		



Name
in
Full

Leo. C. Hardy

CERTIFICATE OF DEATH

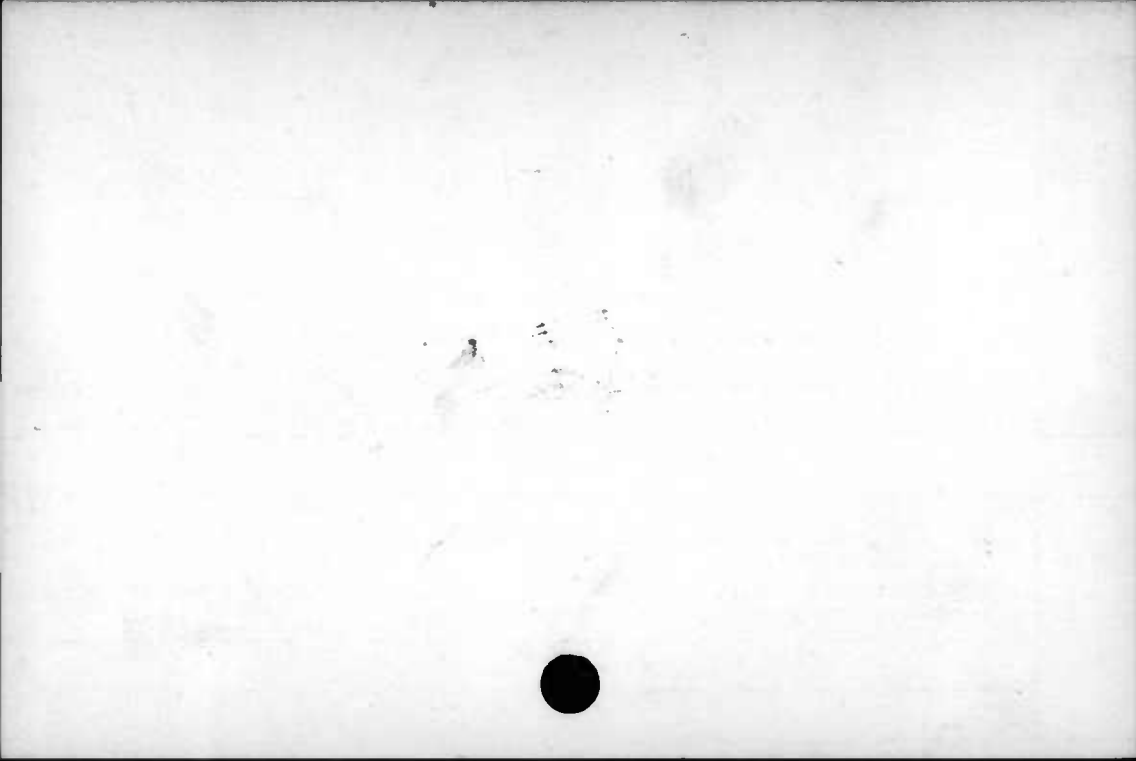
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Em</u> Town		County <u>Al</u>		MARYLAND	
Date of death	1905	Month	July	Day	20
Age	Years		Months		Days
Sex	Male		Color or Race	White	
Occupation			Birth-place	Md	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Sanford Hardy		Father's Birthplace	
West Va		Mother's Maiden Name		Elizabeth Hummiller	
Md		Name of person giving information		Sanford Hardy	
How related to deceased		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
# 3 Recd Si		G. J. [Signature]	
Address		Broadway	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Roy Hardy*

Town *Cumtland* County *Allegheny* MARYLAND

Died at *Cumtland*

Date of death *1905* Month *July* Day *20* Age *3* Years *3* Months *3* Days *3*

Sex *Male* Color or Race *White* Birth-place *City*

Occupation *_____* Where Residing if not at place of death *_____*

Married, Single or Widowed *_____* Name of Wife or Husband *_____*

Father's Name *Sanford H Hardy* Father's Birthplace *Va*

Mother's Maiden Name *Elizabeth W. Hamilton* Mother's Birthplace *Md*

Name of person giving information *Mother* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

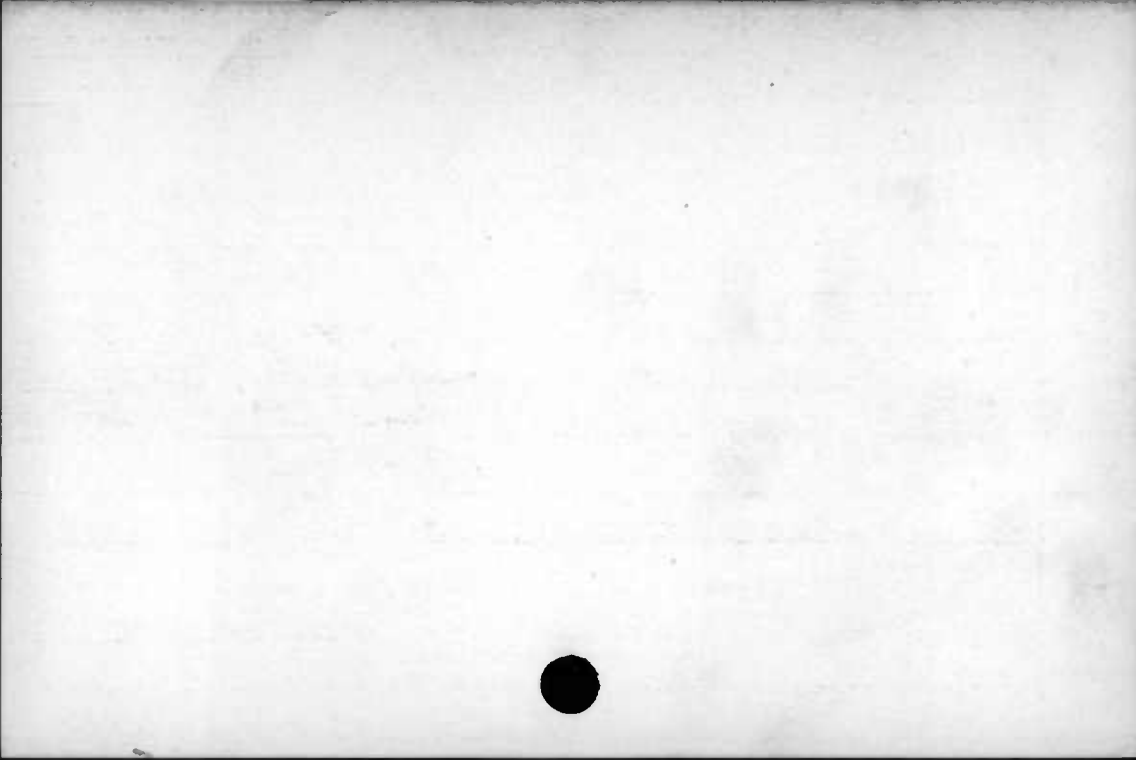
Primary *General Weakness* How long *3 da*

Immediate *Convulsion & Epilepsy* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. L. Broadbent*

Address *Cumtland Md*

Accident or Suicide? *N*



Name
in
Full

Henry A Hensley

CERTIFICATE OF DEATH

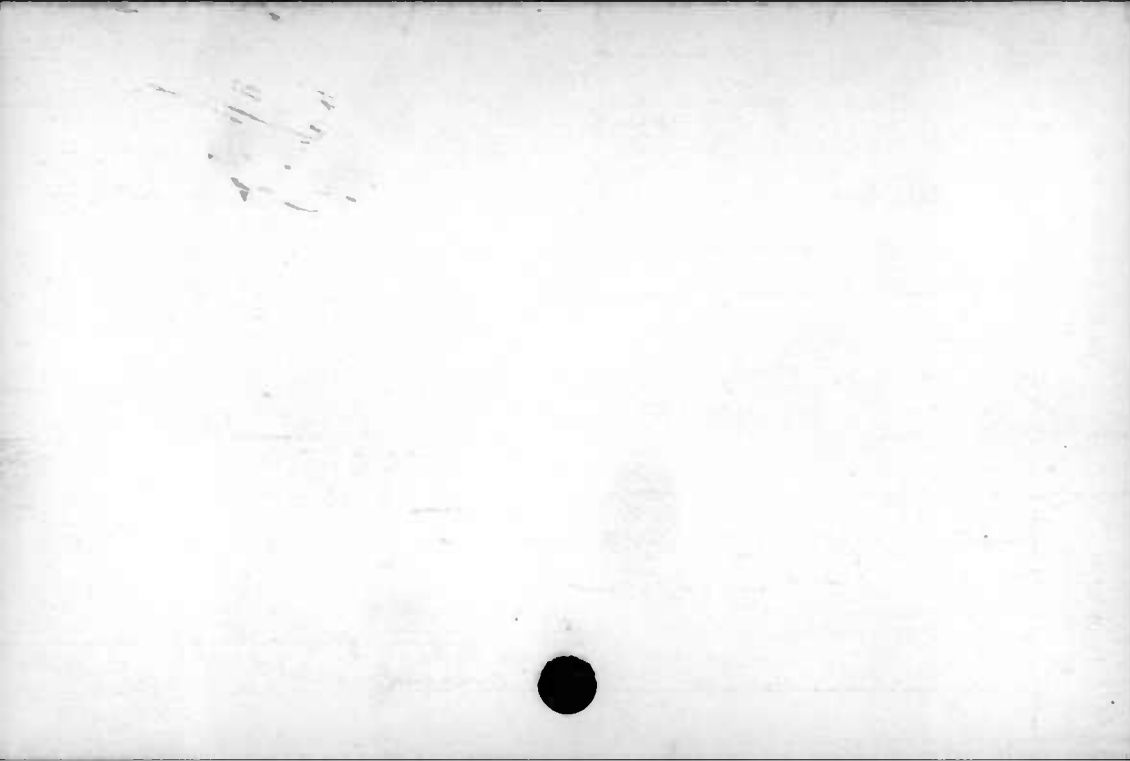
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camunda</i>		Town		County <i>Allegh</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>22</i>	Age <i>87</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>retired</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>			Name of Wife or Husband <i>-</i>				
Father's Name <i>-</i>			Father's Birthplace				
Mother's Maiden Name <i>-</i>			Mother's Birthplace				
Name of person giving information <i>H. A Hensley Jr.</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>9 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. [unclear]</i>
<i>German Lith n.</i>	Address <i>[unclear]</i>
Accident or Suicide?	<i>yes</i>



Name
in
Full

German Hoenas

CERTIFICATE OF DEATH

Town

County

Died at

Cumbuland

Alle

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

July

30

Age

25

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Machinist

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information

John Simmons

How related
to deceased

Friend

CAUSES OF DEATH

Primary

Heart failure

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Dennis C. Whitcomb

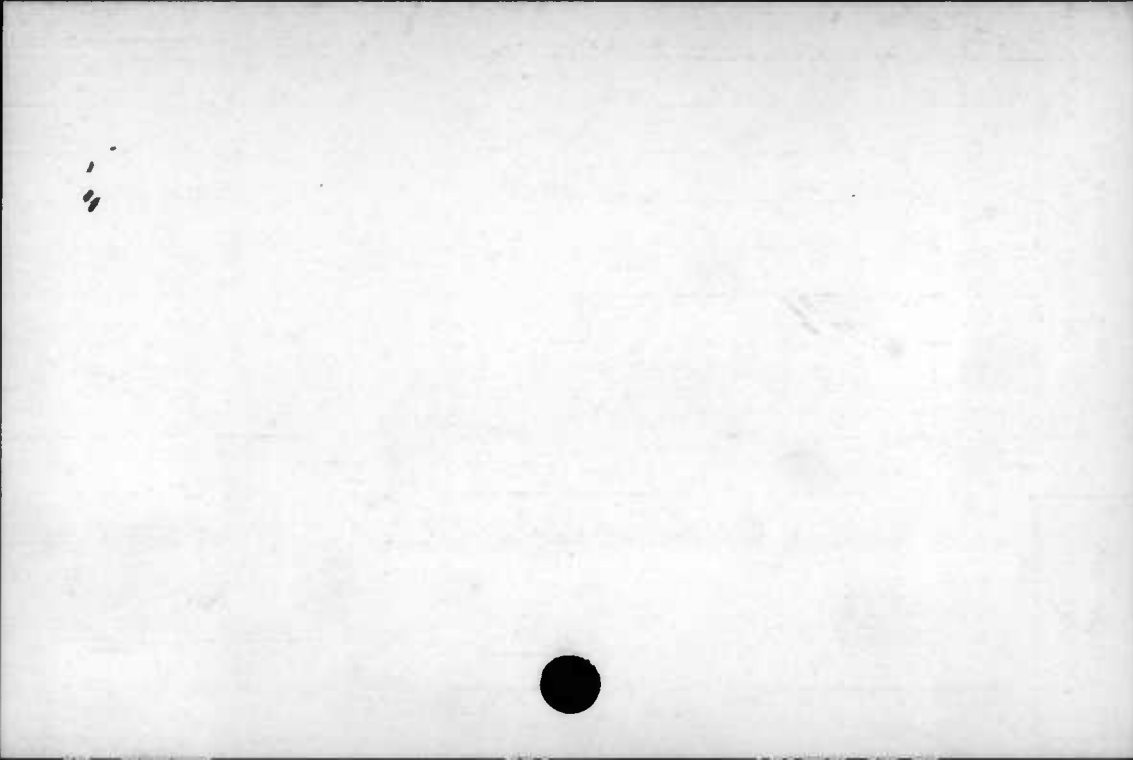
Address

Cumbuland Md

Accident or Suicide?

LOUIS STEIN

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Unknown Supt. John Irvine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland Md</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u>	<u>July</u> ^{Month}	<u>6</u> ^{Day}	Age <u>35</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u> </u>		
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u> </u>			Father's Birthplace <u> </u>		
Mother's Maiden Name <u> </u>			Mother's Birthplace <u> </u>		
Name of person giving information <u>R. T. Hoy</u>			<u>Cumberland Md</u> How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Drowned</u>	How long <u>17</u>
Immediate		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dennis E O'Neil</u> Coroner
		Address <u>Cumberland Md</u>
Accident on <u> </u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Cumberland</i> <small>Town</small>		<i>allergany</i> <small>County</small>	
Date of death <i>1905</i>	<i>July</i> <small>Month</small>	<i>31</i> <small>Day</small>	<i>4</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cumberland</i>	
Occupation <i>Infant</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>[REDACTED]</i>		
Father's Name <i>Edward Jones</i>	Father's Birthplace <i>Cumberland</i>		
Mother's Maiden Name <i>Bell</i>	Mother's Birthplace		
Name of person giving information <i>Edward Jones</i>	How related to deceased		

CAUSES OF DEATH

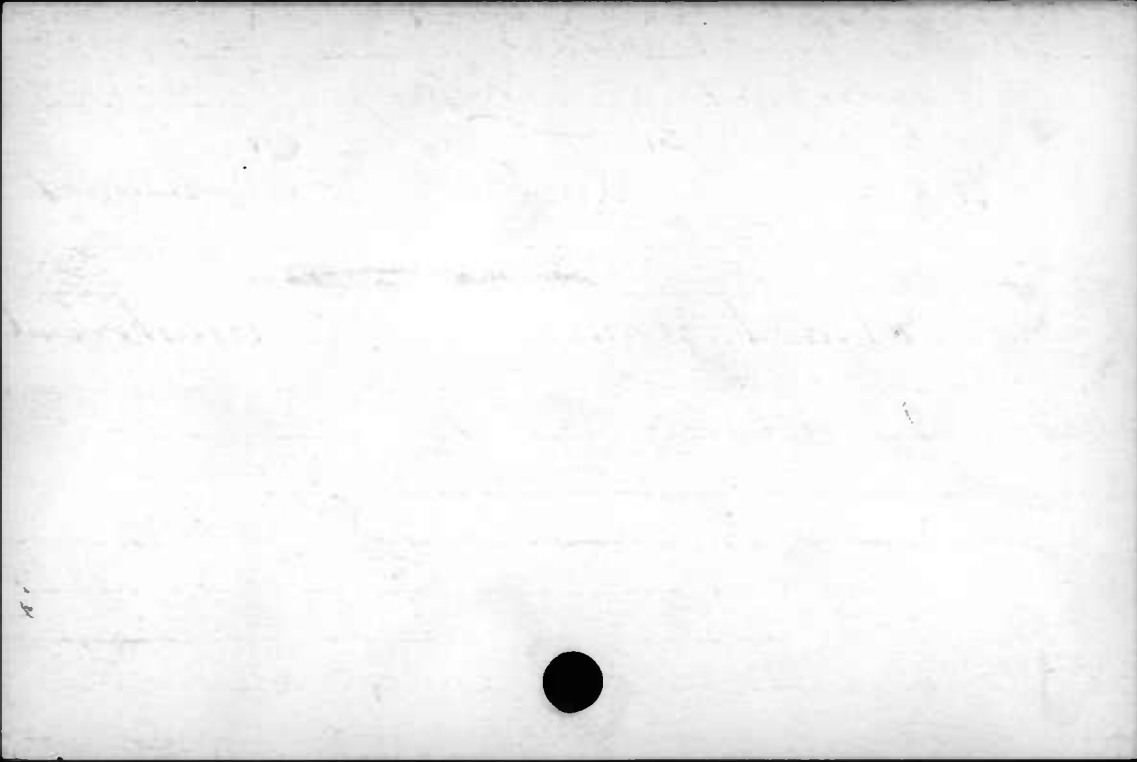
Primary <i>Cholera Infantum</i>	How long
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

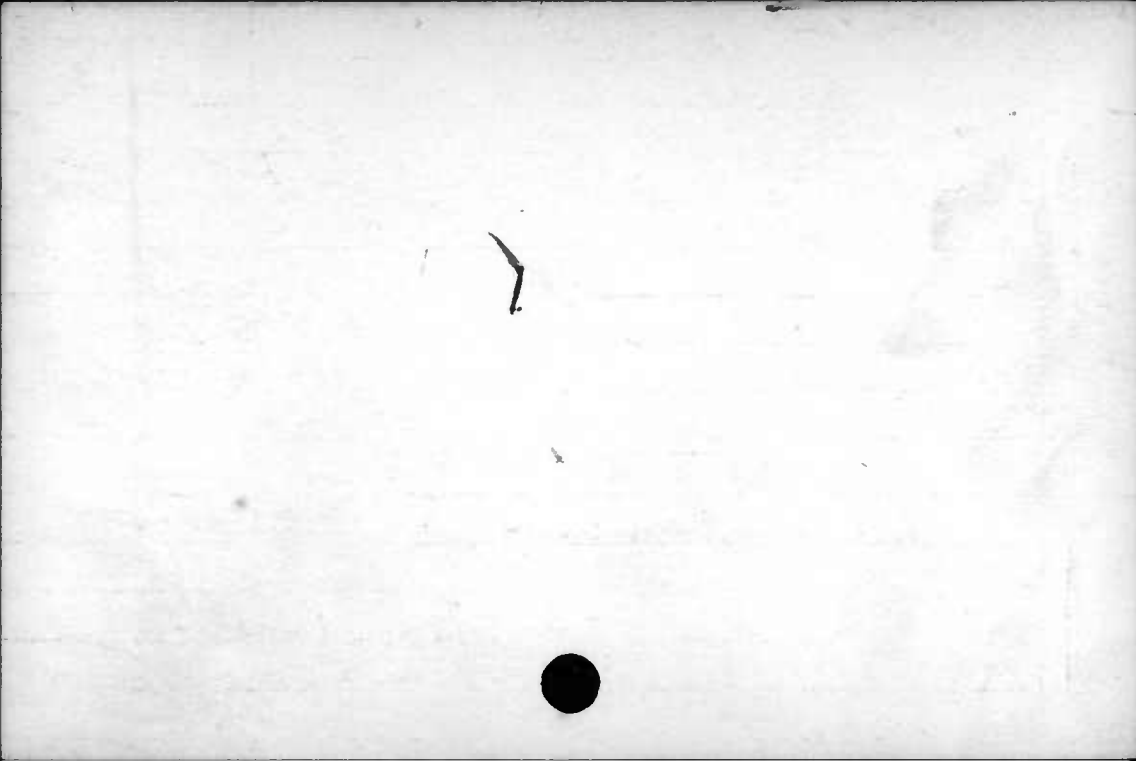
Name in Full Richard Henry Johnson		Town Westminster		County Allegany		MAYLAND	
Died at Westminster		Date of death 190		Month 7		Day 22	
Sex Male		Color or Race White		Years 2		Months 14	
Occupation Infant		Birth-place		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Father's Name Richard H. Johnson	
Mother's Maiden Name Estella Dawson		Name of person giving information R. H. Johnson		Mother's Birthplace W. Va.		How related to deceased Father	

Dr. Wilson.

CAUSES OF DEATH

PHYSICIAN
OBSERVATION

Primary Cholera Infantum		How long 5 days	
Immediate " "		How long " "	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician L. L. Wilson	
		Address Westminster	
Accident or Suicide? No		Dr. V.E.	



Name
in
Full

CERTIFICATE OF DEATH

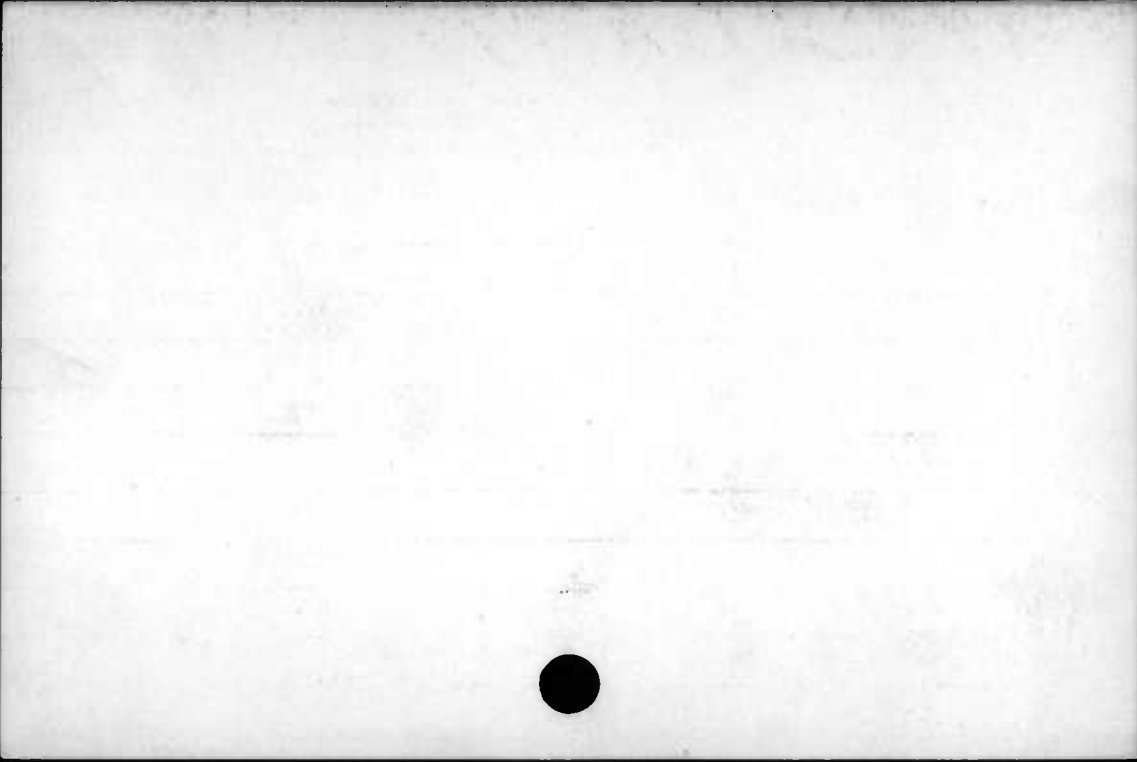
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> <small>Town</small>		<i>Allegany</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>July</i> <small>Month</small>	<i>9</i> <small>Day</small>	Age <i>35</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Rail Roder</i>			Where Residing if not at place of death <i>U.S.A.</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>John Kady</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Sara Kady</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Wife</i>			How related to deceased <i></i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Struck by bridge at</i>	How long <i>10</i>
Immediate <i>R.R.</i>	How long <i>10</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dennis E. O'Neal</i>
	Address <i>Cumberland, Md. Coroner</i>
Accident or Suicide?	



Name
in
Full

Mrs. Rebecca Layman

CERTIFICATE OF DEATH

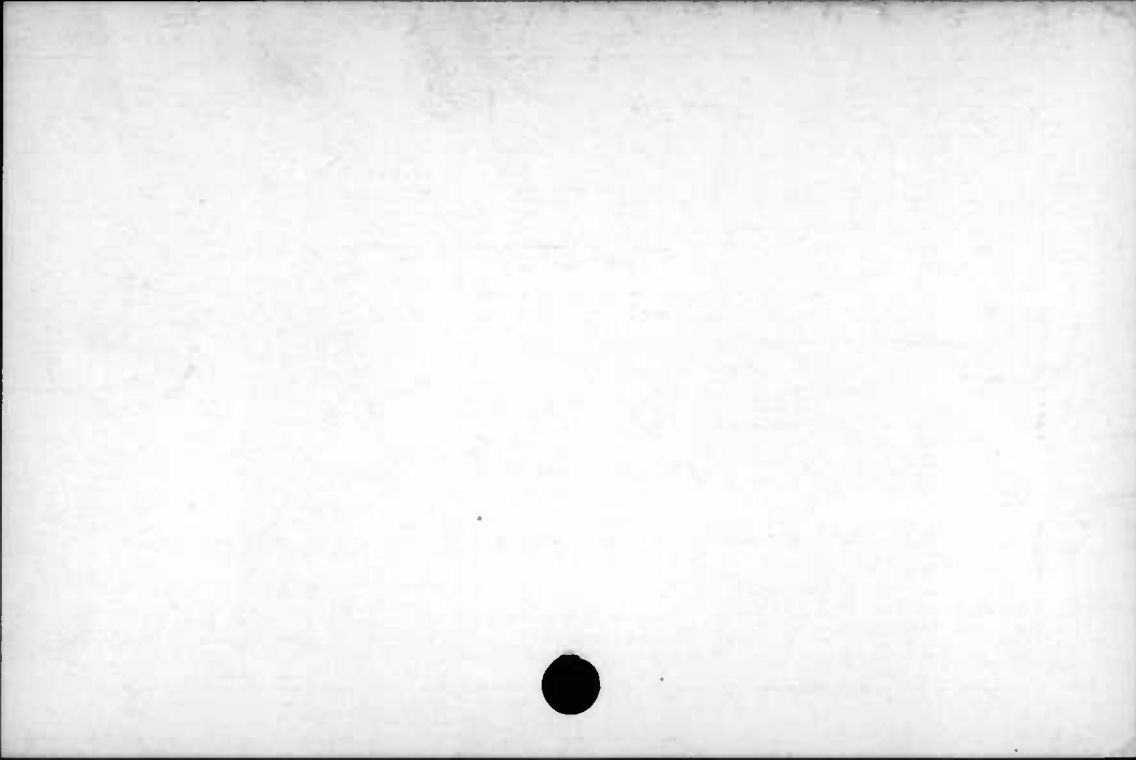
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u>		Town <u>Allegany</u>		County		MARYLAND	
Date of death	1905	Month	7	Day	6	Age	69
Sex	Female	Color or Race	white	Birth-place	Garrett Co.		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Rebecca Layman			
Father's Name				Father's Birthplace	Md		
Mother's Maiden Name				Mother's Birthplace	Md		
Name of person giving information	Ann Layman			How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ornental (Pleurisia)	How long	6 months
Immediate	Exhaustion	How long	6
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. Brice
		Address	Frostburg Md
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death	Month <i>July</i>	Day <i>17th</i>	Age	Years	Months
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Still-born</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>James Lee</i>			Father's Birthplace	<i>Miss.</i>
Mother's Maiden Name	<i>Rosa McRoy</i>			Mother's Birthplace	<i>Miss.</i>
Name of person giving information	<i>James Lee</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Compression of cord</i>	How long	<i>—</i>
Immediate	<i>Compression due to manipulation</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. R. Hodges M.D.</i>
		Address	<i>Cumberland Md.</i>
Accident or Suicide?			



Name in Full Lillian Long		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Frostburg <small>Town</small>		Alleg <small>County</small>
	Date of death 1905 July 12		Age 9 <small>Months</small>
	Sex F	Color or Race W	Birth place Frostburg Md
	Occupation _____		Where Residing if not at place of death _____
	Married, Single or Widowed _____	Name of Wife or Husband _____	
	Father's Name Philip Long	Father's Birthplace W. Va	
	Mother's Maiden Name Annie House	Mother's Birthplace W Va	
Name of person giving information Ch House		How related to deceased Uncle	
CAUSES OF DEATH 105			
PHYSICIAN OR CORONER	Primary Cholera Infantum	How long A few days	
	Immediate Convulsion	How long few hours	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. B. Griffith	
		Address Frostburg	
	Accident or Suicide? .		

Is in

Allyham

Candy -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lonaconing</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death	1905	Month	July	Day	27
Age	Years		Months		Days
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation			Birth-place	<i>Lonaconing</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
<i>Married</i>			<i>Michael Lyden</i>		
Father's Name			Father's Birthplace		
<i>Michael Lyden</i>			<i>Lonaconing</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Margaret Laabrough</i>			<i>Barton</i>		
Name of person giving information			How related to deceased		
<i>And Lyden</i>			<i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>21 days</i>
Immediate	<i>Convulsions</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. B. Skilling</i>	
Address		<i>Lonaconing</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George M^cCutcheon</i>		Town <i>Barton</i>		County <i>Allegany</i>		MARYLAND					
Died at <i>Barton</i>		Month <i>July</i>		Day <i>11</i>		Years <i>53</i>		Months <i>8</i>		Days <i>15</i>	
Date of death 190 <i>5</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>					
Marrled, Single or Widowed <i>Single</i>		Occupation <i>Miner</i>									
Name of Wife or Husband <i>Ellen Morrison</i>		Father's Name <i>Andrew McCutcheon</i>		Mother's Birthplace <i>Maryland</i>		How related to deceased <i>Nephew</i>					
Name of person giving information <i>Andrew McMunnis</i>		Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>Maryland</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis (Acute)</i>		How long <i>about 16 hours</i>	
Immediate <i>Probably internal hemorrhage</i>		How long <i>16 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. A. Boucher</i>	
		Address <i>Barton Md</i>	
Accident or Suicide?			



Name
in
Full

Maggie Mc Guire

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Camden</i>		County <i>Amugh</i>		MARYLAND	
Date of death		190 <i>7</i>	Month <i>July</i>	Day <i>27</i>	Age <i>64</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Seamstress</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>						Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>						Mother's Birthplace <i>—</i>	
Name of person giving information <i>Rev Barnes</i>						How related to deceased <i>none</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer</i>	How long	<i>45</i>	How long	<i>two years</i>
Immediate	<i>Congestion of lungs</i>	How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Jones</i>			
		Address <i>Camden</i>			
Accident or Suicide?		<i>True</i>			



Name
in
Full

Thomas J Morshrad

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>5</i>	Age <i>48</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Merchant</i>			Where Residing if not at place of death		
Married, Single		Name of Wife or Husband			
Father's Name <i>Wm Morshrad</i>			Father's Birthplace		
Mother's Maiden Name <i>Mary Mitty</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

64

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Central hernia</i>	How long <i>23 hours</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. W. Mitty.</i>
	Address <i>Cumtland Md</i>
Accident or Suicide?	



Name
in
Full

Oskia Morgert

CERTIFICATE OF DEATH

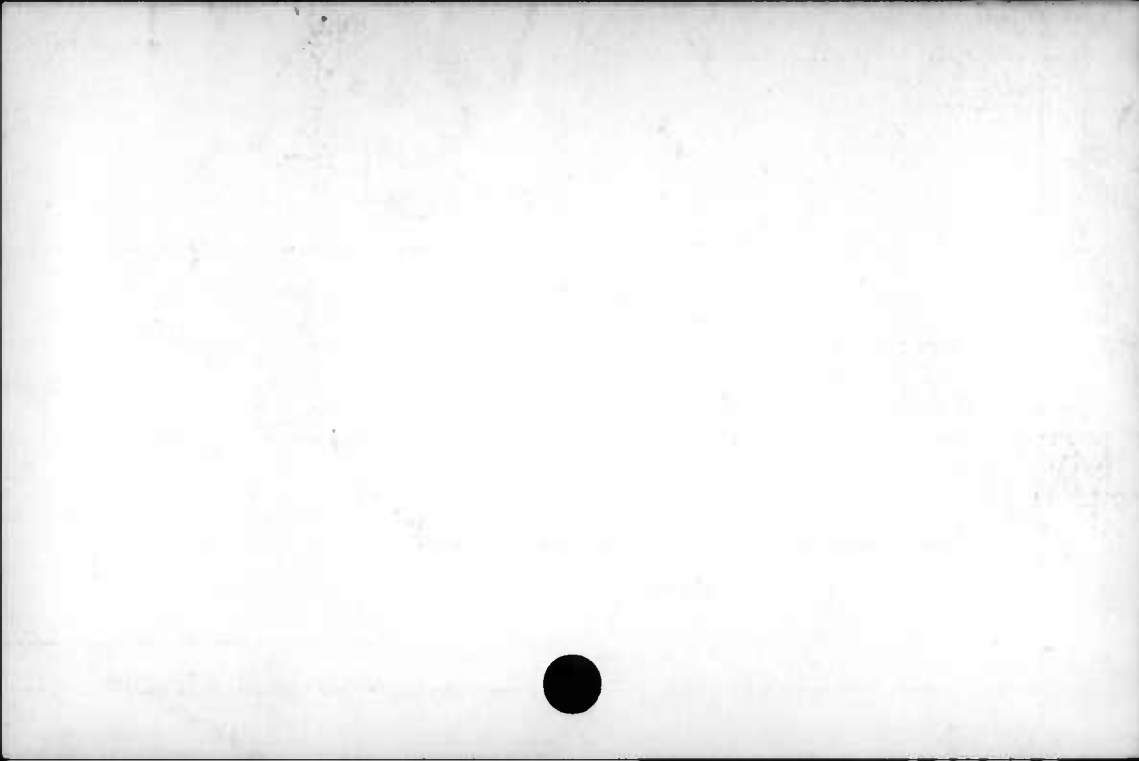
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumma</i>		Town <i>Cumma</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>6</i>	Age <i>20</i>	Years <i>20</i>	Months <i>2</i>	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>				
Occupation <i>Lineman</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lola</i>					
Father's Name <i>Abner Morgert</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>Abner Morgert</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>By falling from a telephone</i>	How long
Immediate <i>Accident</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>LOUIS STEIN</i>	Signature of Physician
<i>Berkely Sprujs</i>	Address <i>Dennis Breake</i>
<i>LOUIS STEIN</i>	<i>corner 4th St.</i>



Name
in
Full

Robert Leonard Mulligan

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Mt. Savage^{County} Alleghany

Date of death 1905 July

Day 18

Age Years —

Months 5

Days —

Sex Male

Color or Race

White

Birth-place

Mt. Savage, W. Va.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John Mulligan

Father's Birthplace

Mt. Savage, W. Va.

Mother's Maiden Name

Margaret McGordon

Mother's Birthplace

Mt. Savage, W. Va.

Name of person giving information

John Mulligan

How related to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

3 days

Immediate

Exhaustion

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Edw. Duane

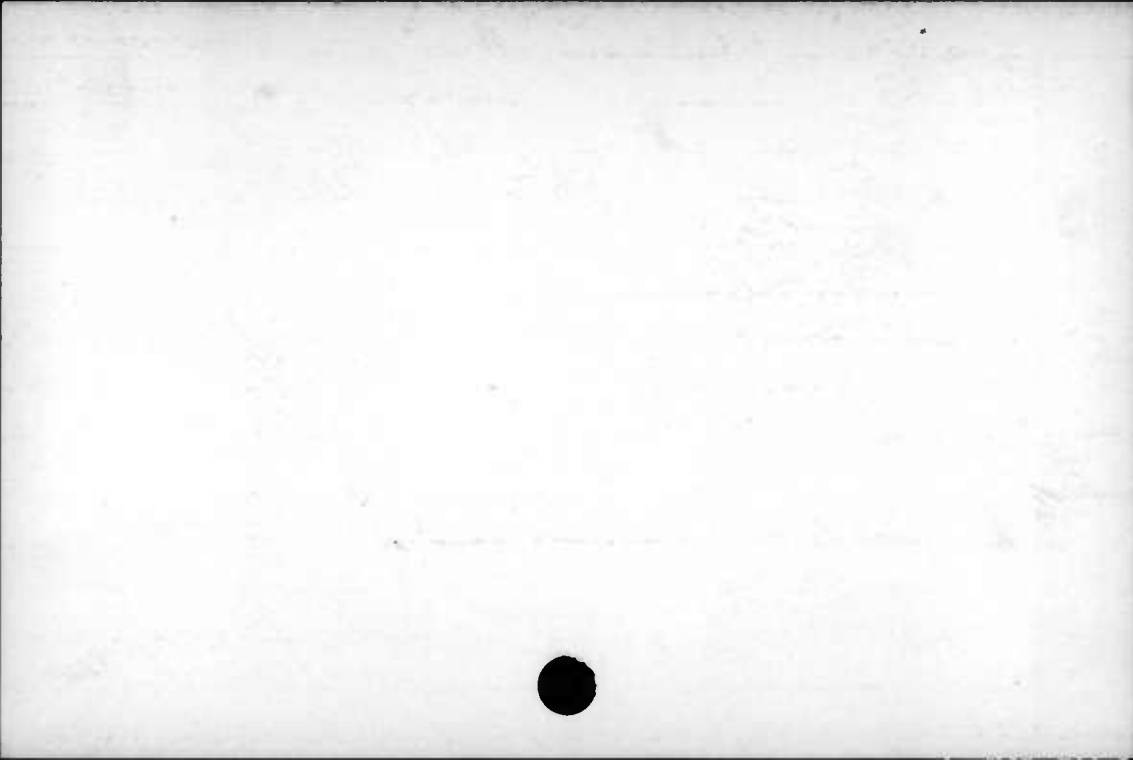
Address

Mt. Savage, W. Va.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Joseph Murray 7/6/71

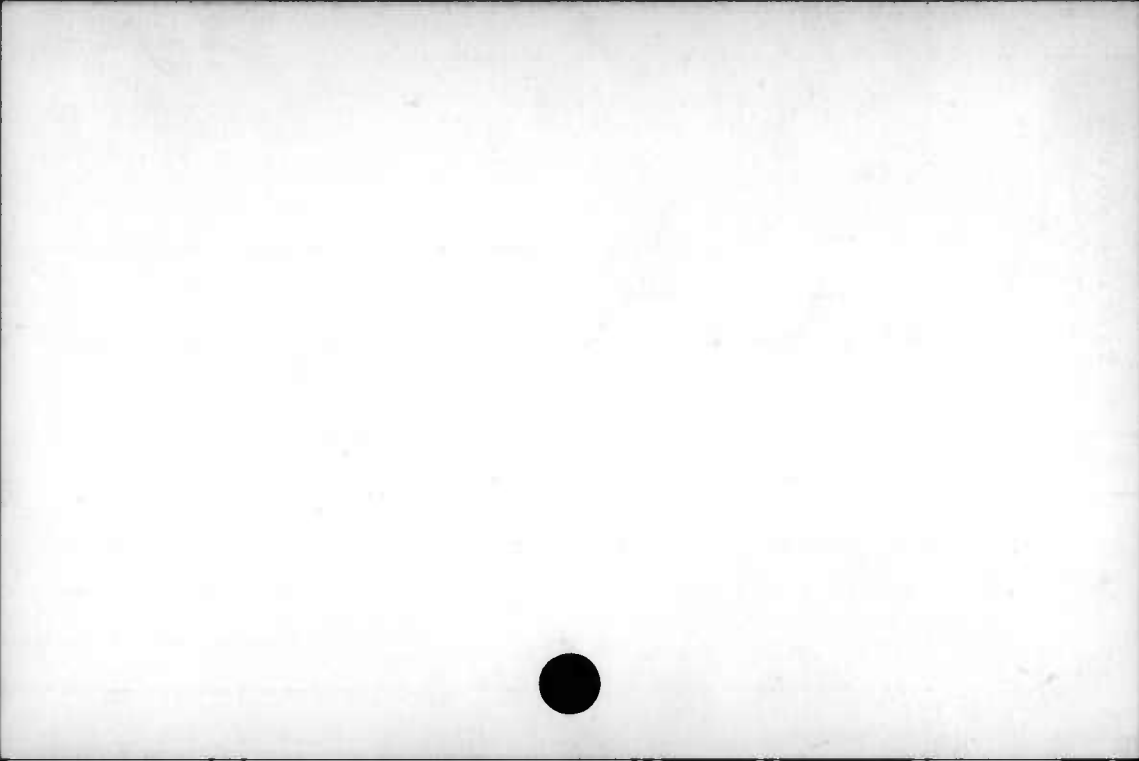
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		July	13	Age 78			
Sex	Male	Color or Race	White	Birth-place	Ireland		
Occupation	Retired (freight truck driver)			Where Residing if not at place of death	—		
Married, Single or Widowed	Widower		Name of Wife or Husband	Catherine			
Father's Name	M. Brown			Father's Birthplace			
Mother's Maiden Name	Mary Quinn			Mother's Birthplace	Ireland		
Name of person giving Information	Hannie Murray			How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart failure	How long	29
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
LOUIS STEIN		Dennis E. O'Neil Coroner	
		Address	
		CUMBERLAND CUMBERLAND	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

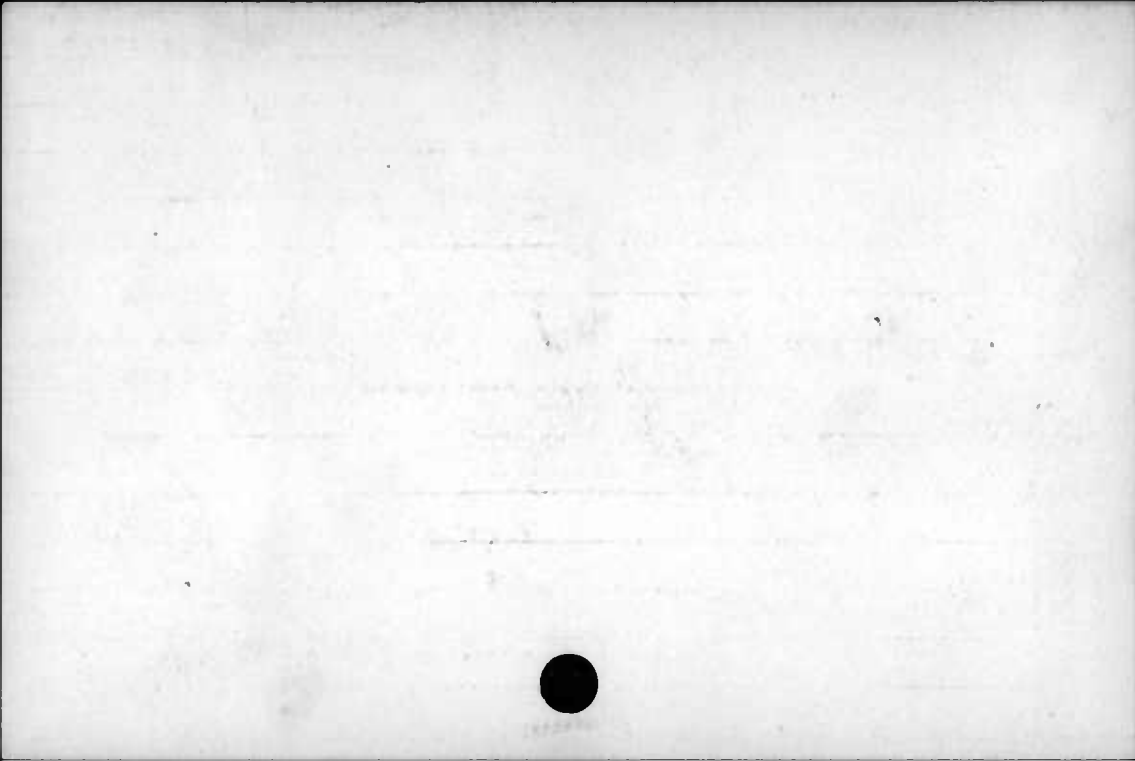
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Thomas R Heat</i>		Town <i>Cumberland Md</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Cumberland Md</i>		Date of death <i>1905 July 9th</i>		Age <i>21</i>		Months <i>9</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>			
Occupation <i>Bridal Inspector</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Samuel Heat</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Margaret Heat</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Samuel Heat</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>2 weeks</i>
Immediate	<i>Peritonitis</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J R Cahale</i>	
		Address <i>Cumberland Maryland</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

John W. Neff

7/6/4

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at CUMBERLAND		County ALLEGANY.		State MARYLAND	
Date of death 190	Month July	Day 13	Age 64	Months	Days
Sex Male	Color or Race White		Birth-place Winchester Va.		
Occupation Carpenter			Where Residing if not at place of death —		
Married, Single or Widowed Married		Name of Wife or Husband Carrie Neff			
Father's Name John William Neff			Father's Birthplace Winchester, Va.		
Mother's Maiden Name Carrie Smith			Mother's Birthplace Winchester, Md.		
Name of person giving information John W. Neff & Walter Neff			How related to deceased Sons.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long 20
Immediate Heart failure	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dennis E. O'Neal Coroner
LOUIS STEIN	Address CUMBERLAND
Accident or Suicide? LOUIS STEIN.	

Name
in
Full

CERTIFICATE OF DEATH

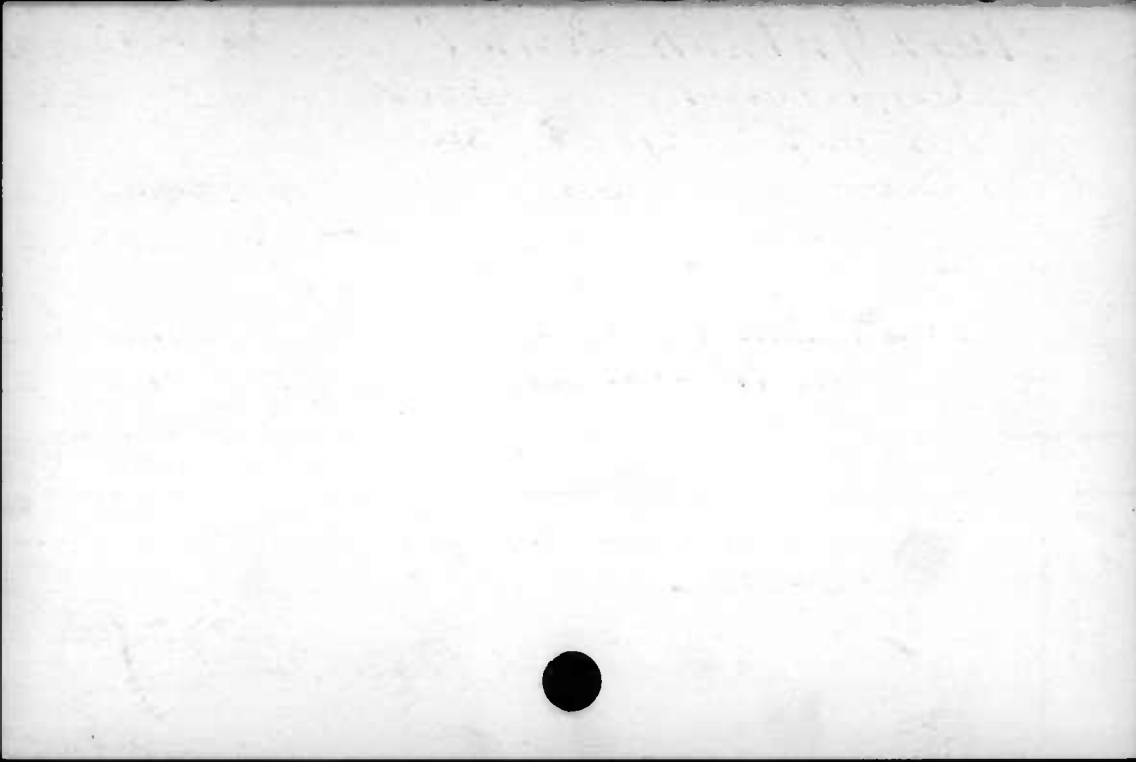
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Ystrunde Perrod</i>		Town <i>Cumberland</i>		County <i>allergany</i>		MAYLAND	
Died at							
Date of death	1905	Month	July	Day	27	Years	31
Sex	Female	Color or Race	White	Birth-place		<i>Cumberland</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband <i>Mrs. I. T. Perrod</i>			
Father's Name <i>Bruce Dean</i>				Father's Birthplace <i>Cumberland</i>			
Mother's Maiden Name <i>Mollie Walford</i>				Mother's Birthplace			
Name of person giving information				How related to deceased			

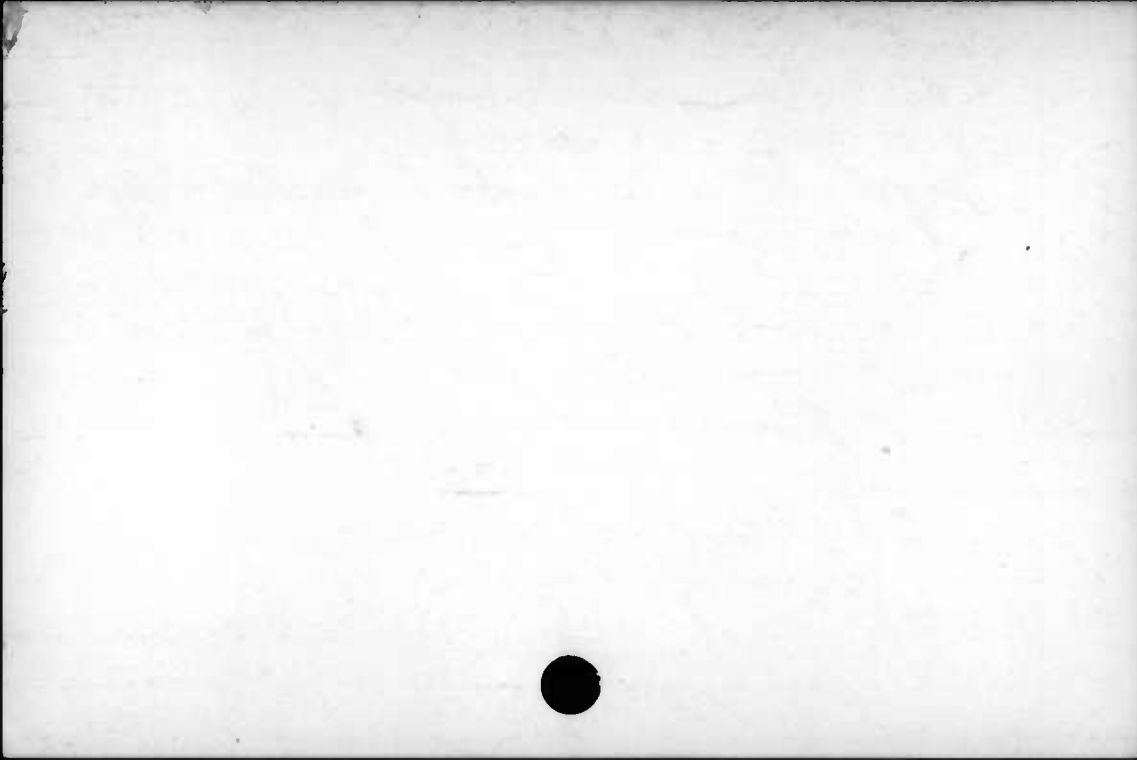
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. N. Brown</i>	
		Address <i>Cumberland</i>	
Accident or Suicide?			



Name in Full		George E. Porter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		County		MARYLAND	
		Date of death		Age		Months Days	
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information		How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		How long			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
				Address			
		Accident or Suicide?					



Name
in
Full

Michael H. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cambridge*

Town

County

Allegheny

MARYLAND

Date of death *1905 July*

Month

Day

17

Age

Years

84

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Bedford Pa*

Occupation

*Carpenter*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*—*Father's
Name*—*Father's
BirthplaceMother's
Maiden Name*—*Mother's
BirthplaceName of person giving
In formation*John S. Price*How related
to deceased*Son.*

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

—

Immediate

Same of bowels

How long

*—*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*E. P. Robinson*

Address

Bedford Pa

Accident or Suicide?

M. d.

C. D. 18th Regiment.

Pen Vol.

Name
in
Full

CERTIFICATE OF DEATH

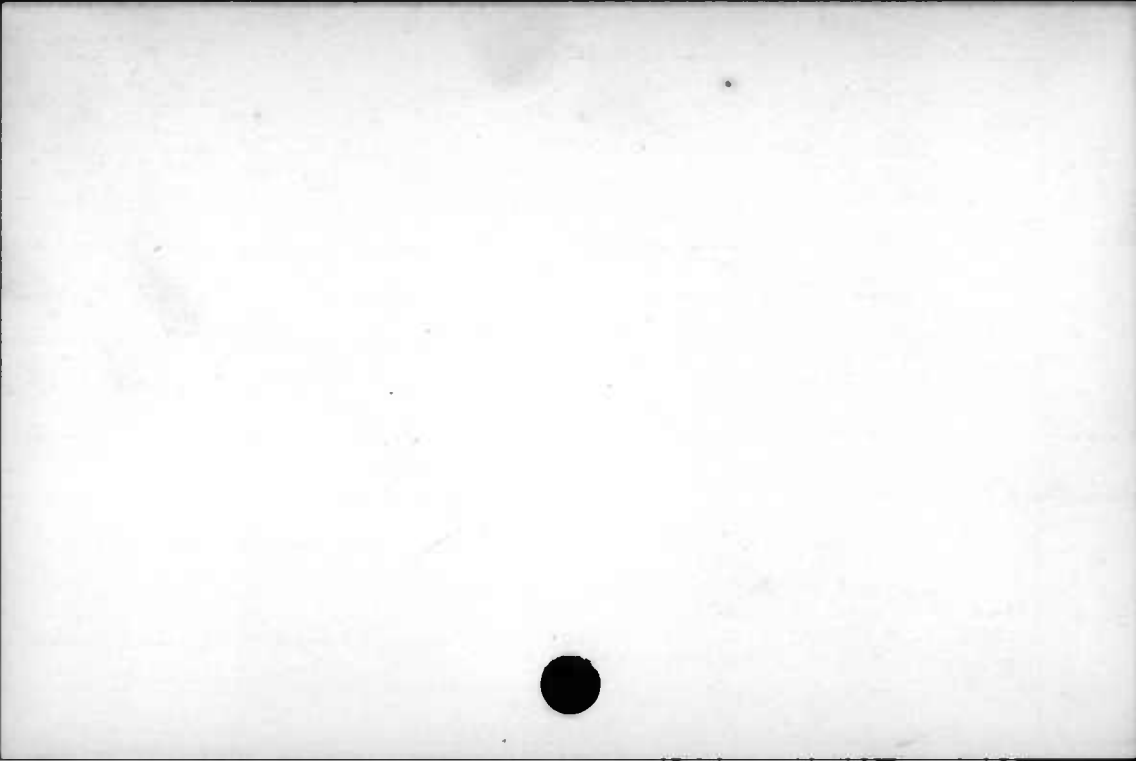
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Russell Reynolds</i>		Town <i>Crumrod</i>		County <i>aug</i>		7/6/17	
Died at		Date of death		Age		Months	
<i>1905</i>		<i>July</i>		<i>21</i>		<i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Crumrod</i>		Occupation —	
Married, Single or Widowed —		Name of Wife or Husband —		Where Residing if not at place of death —		—	
Father's Name <i>Lanston W. Reynolds</i>		Mother's Maiden Name <i>Mary Berner</i>		Father's Birthplace <i>Sharpburg</i>		Mother's Birthplace <i>Sharpburg</i>	
Name of person giving information <i>Lanston W. Reynolds</i>		How related to deceased <i>Father</i>		—		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Drowning</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide?		Address	
—		<i>Jennie O'Neal Cor</i>	



Name
in
Full

CERTIFICATE OF DEATH

Ann Richards

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>ht Savage</i> ^{Town}		<i>Bellegans</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	<i>July</i> ^{Month}	<i>27</i> ^{Day}	<i>74</i> ^{Years}	<i></i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ireland</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Thomas Richards</i>		
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information	<i>Mrs. Mary E. Reed</i>				How related to deceased <i>none</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

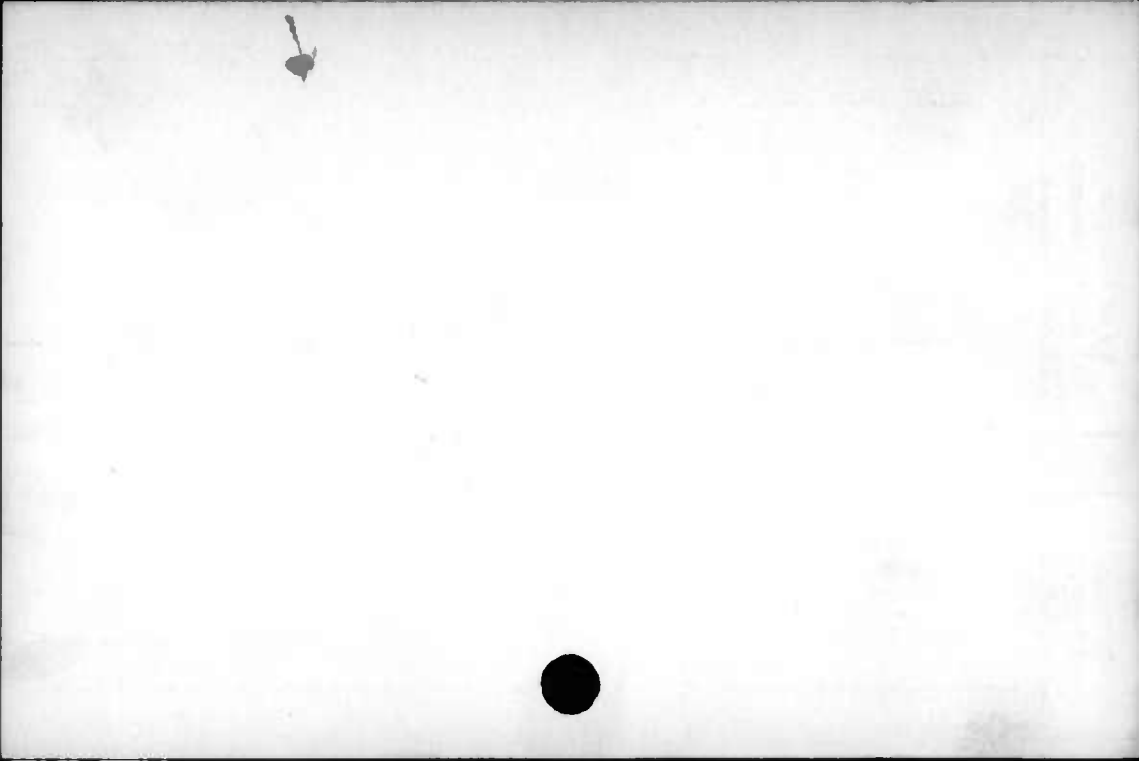
Primary	<i>Cholera morbus</i> <input checked="" type="checkbox"/> <i>3</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Edward L. Langes</i>
		Address	<i>ht. Savage, Md.</i>
Accident or Suicide? <i></i>			



Name in Full		John Thomas Roeder				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month		Day		Age	
1905		July		9		18	
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
William Roeder		Md					
Mother's Maiden Name		Mother's Birthplace					
Anna Ritter		Md					
Name of person giving Information		How related to deceased					
William Roeder		Father					
CAUSES OF DEATH							
Primary		How long					
Enterocolitis		3 wks					
Immediate		How long					
Exhaustion							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Dr Thos Keon					
Address							
Accident or Suicide?		Keon					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

William P. Roeder

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death 1905

Month

July

Day

9

Age

Years

Months

7

Days

18

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

William Roeder

Father's
Birthplace

Md

Mother's
Maiden Name

Anna Ritter

Mother's
Birthplace

Md

Name of person giving
Information

William Roeder

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enterocolitis

How long

3 wks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr Thos Koore

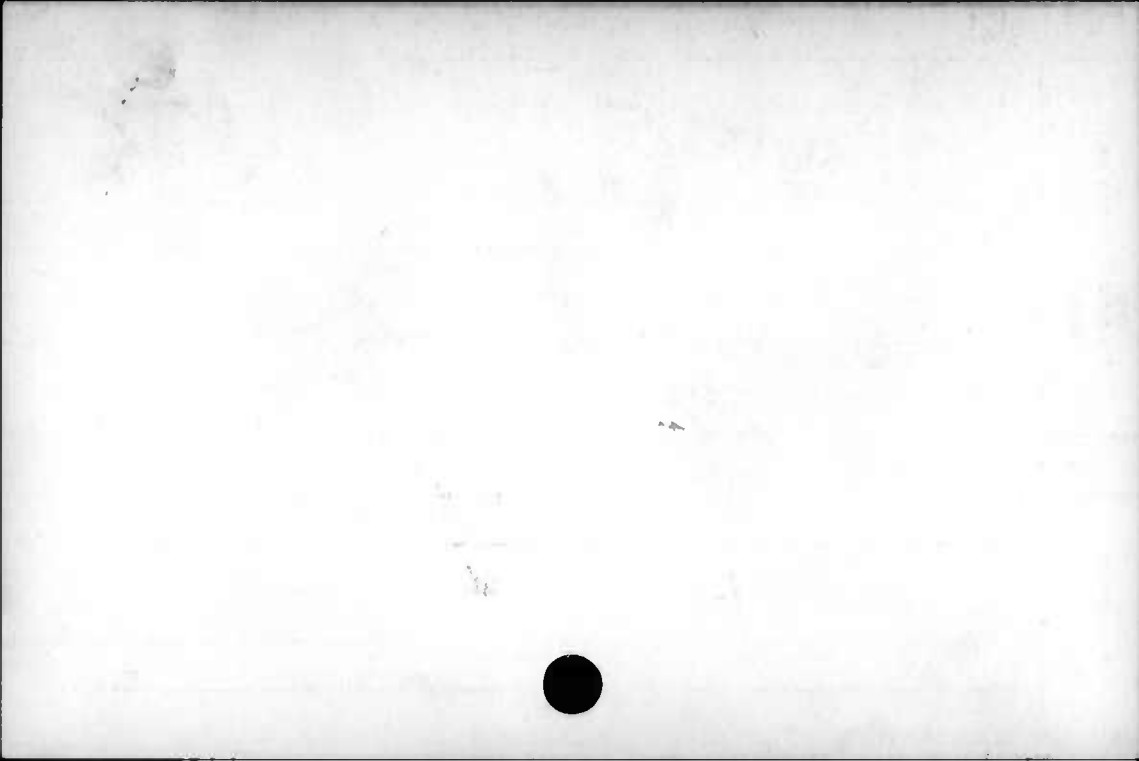
Annerland

Md.

Accident or Suicide?

(Yes)

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Henry H. Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u> ^{Town}		County <u>Allegheny</u>		MARYLAND	
Date of death 190 <u>5</u>	Month <u>July</u>	Day <u>19</u>	Age <u>37</u>	Months <u>10</u>	Days <u>17</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Garnett Co Md</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Miner</u>				
Name of Wife or Husband <u>Mary Ellen Brooks</u>					
Father's Name <u>Wm R. Ross</u>			Father's Birthplace <u>Allegh. Co Md</u>		
Mother's Maiden Name <u>Mary K. Michael</u>			Mother's Birthplace <u>Allegh Co Md</u>		
Name of person giving information <u>Robert Ross</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Crushed by a fall of coal</u>	How long <u>Instantly</u>
Immediate	<u>Crushed by a fall of coal</u>	How long <u>Instantly</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature Physician <u>A. Boucher</u>
		Address <u>Barton Md</u>
Accident Suicide <u>Accident</u>		



Name
in
Full

Miss Annie Buchanan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

was relations present?

Died at <i>Ocean mines</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>20</i>	Years <i>23</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>West Virginia</i>		
Occupation <i>Domestic</i>			Where Residing if not at place of death <i>Ocean mines</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>don't know</i>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>jumping from moving electric car</i>	How long
Immediate <i>Fractured skull, died instantly</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Chambers, acting coroner.</i>
	Address <i>Frostburg Md.</i>
Accident or Suicide? <i>Accident</i>	

g m

Name
in
Full

Clara Louise Schaeffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westernport		^{County} Allegany		MARYLAND	
Date of death 1905 July 28		Age 19		Months 10 Days	
Sex Female		Color or Race White		Birth-place Westernport	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Rollin Schaeffer			
Father's Name John Daddysman		Father's Birthplace Md Fordons			
Mother's Maiden Name Mary E Johnson		Mother's Birthplace Annapolis Md			
Name of person giving information Rollin Schaeffer		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Celulitis	How long	3 days
Immediate	X	How long	X
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J B Shup	
		Address Westernport	
Accident or Suicide?			



Name
in
Full

Wilbur Schilling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camden</i>		Town		County <i>Any Day</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>8</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>	Days <i>25</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Camden</i>				
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>				
Father's Name <i>Sylvester Schilling</i>				Father's Birthplace <i>Camden</i>			
Mother's Maiden Name <i>Ida Webber</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Sylvester Schilling</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diarrhoea</i>	How long <i>3 wks</i>
Immediate <i>Exhaustion</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Thos. Roon</i>
LOUIS STEIN	Address <i>For</i>
Accident or Suicide?	

2 11



Name
in
Full

C B Smettzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		July	13	33			
Sex	Male		Color or Race	White		Birth-place	Cumuld.
Occupation	Groceryman		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	Francis Smettzer					Father's Birthplace	Ohio
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	Frances Smettzer					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption		How long	1 yr
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Dr Jas T Johnson	
			Address	
			Cumberland	
			Johnson Md	
Accident or Suicide?				

70 South St.

Name
in
Full

Mrs Jane Salada Smith

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death 1905

July

11

Age

80

11

Sex

Female

Color or
Race

White

Birth-
place

Dolphin Co Pa

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

J M Bruesler

How related
to deceased

Son in Law

CAUSES OF DEATH

Primary

Senile Decay

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. J. P. Johnson

Dr. Johnson per J. P. Johnson

Accident or Suicide?

Pa

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

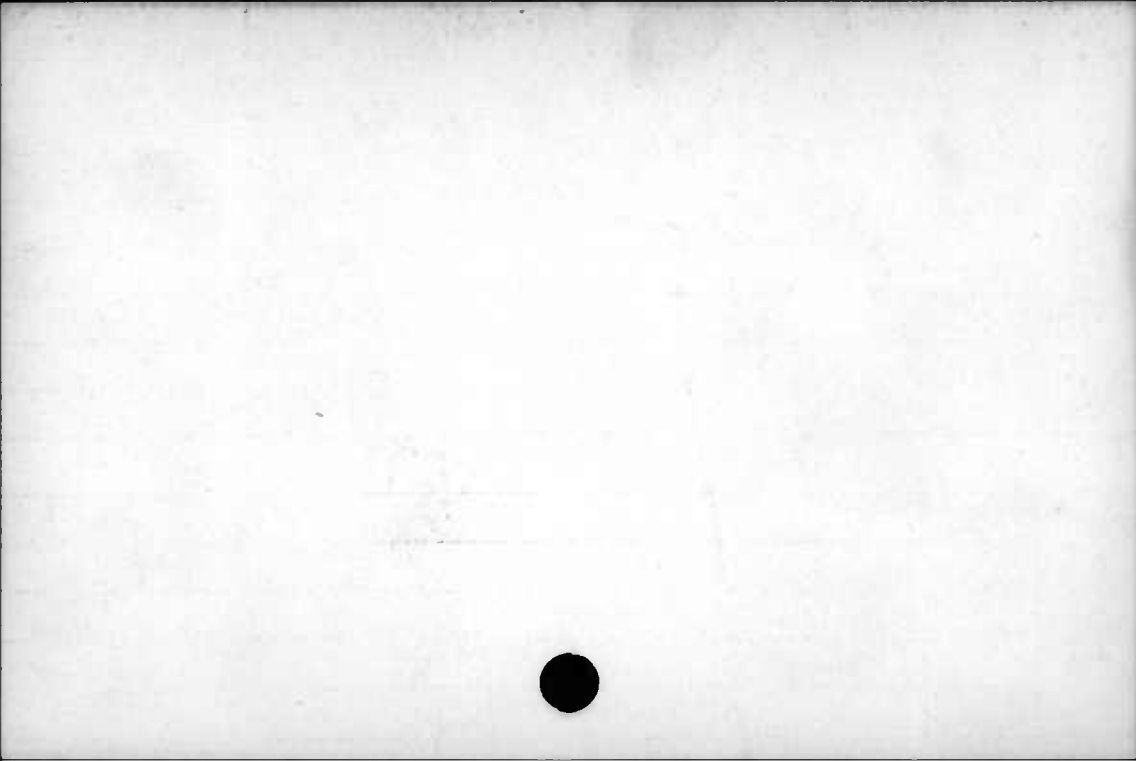
34 Bremen Dr.

Boehler

Name in Full		Dora L. Sperry				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Frostburg		County		Alley
	Date of death		1905	Month	July	Day	19
	Age		Years		Months		one
	Sex		F		Color or Race		W
	Occupation		—		Where Residing if not at place of death		—
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		Mr. Catter		Father's Birthplace		Bowling Green	
Mother's Maiden Name		Flossie Sperry		Mother's Birthplace		Frostburg	
Name of person giving information		Jack Sperry		How related to deceased		Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Immature		How long		Since birth
	Immediate		"		How long		Birth
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. B. Piffle
					Address		Frostburg
	Accident or Suicide?						

Q 17

Name in Full		Mrs Mary Anne Speer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town A Cumberland		County Allegheny		MARYLAND	
	Date of death	1905	Month July	Day 23rd	Years 35	Months	Days
	Sex	Female		Color or Race	Caucasian		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Woodmont Md.	
	Married, Single or Widowed	Married		Name of Wife or Husband		Edward B. Speer	
	Father's Name	Hugh Burns		Father's Birthplace		Ireland	
	Mother's Maiden Name	Ann Hanley		Mother's Birthplace		Ireland	
Name of person giving information	Wm E Burns		How related to deceased		Brother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Rheumatism				How long	Four yrs
	Immediate	Gastro Intestinal Indigestion				How long	about 2 wks
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Chas Llewellyn Owen M.D.
						Address	197 Na. Ave., Cumberland Md.
	Accident or Suicide?						



Name
in
Full

Mary Elizabeth Steele

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Allegheny		County Allegheny		MARYLAND	
Date of death 1905		Month 4	Day 3	Age	Years 32	Months —	Days —
Sex F		Color or Race W.		Birth-place Md.			
Occupation H. W.				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Conway Steele					
Father's Name Benjamin William		Father's Birthplace Md					
Mother's Maiden Name Mary A. Street		Mother's Birthplace Md					
Name of person giving information B. Steele		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Placenta Previa	How long	} Few hours
	Immediate	Partum Hemorrhage	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. W. M. Lane	
			Address Frostburg Md.	
	Accident or Suicide?			

Frostburg Furniture & Undertaking Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lonaconing</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 190 <u>5</u>	Month <u>July</u>	Day <u>18</u>	Age <u>13</u> Years	Months <u>5</u>	Days <u>17</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Lonaconing</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>School boy</u>			
Name of Wife or Husband _____					
Father's Name <u>James T. Perment</u>			Father's Birthplace <u>Lonaconing</u>		
Mother's Maiden Name <u>Emma Rushton</u>			Mother's Birthplace <u>Staffordshire Eng</u>		
Name of person giving information <u>Mrs. Geo. T. Perment</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Wound on hand</u>	How long <u>10 days</u>
Immediate <u>Tetanus</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Henry M. Hodgson</u>
	Address <u>Lonaconing, Ind.</u>
Accident or Suicide? <u>No</u>	



Name in Full		Robert Tennant		7/31/VII		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Midland</i>		Town <i>allegany</i>		County		MARYLAND
	Date of death 1905	Month <i>July</i>	Day <i>31</i>	Age <i>36</i>	Years	Months	Days
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frostburg, Md.</i>			
	Married, Single or Widowed <i>Married</i>		Occupation <i>Weigh Master</i>				
	Name of Wife or Husband <i>Henrietta Thacher</i>						
	Father's Name <i>Robt. Tennant</i>				Father's Birthplace <i>Scotland</i>		
	Mother's Maiden Name <i>Jennett Mc Kee</i>				Mother's Birthplace <i>Scotland</i>		
	Name of person giving information <i>Sister Mary Tennant</i>				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Accidental</i>		How long				
	Immediate <i>Heart Failure</i>		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. P. O'Neil</i>				
			Address <i>Midland, Md.</i>				
	Accident or Suicide?						

SSM

Alleyway

Curry

1

Name
in
Full

CERTIFICATE OF DEATH

Charles M Thomas

Town

County

MARYLAND

Died at *Home*

Date of death *1905 July*

Month *30*

Day *30*

Age *64*

Years

Months

Days

Sex *Male*

Color or Race *White*

Birth-place *Ind*

Occupation *Laborer*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *Mary Ellen Green*

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Mary Ellen Green*

How related to deceased *wife*

CAUSES OF DEATH

Primary *Murder Poisoning*

How long *2 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

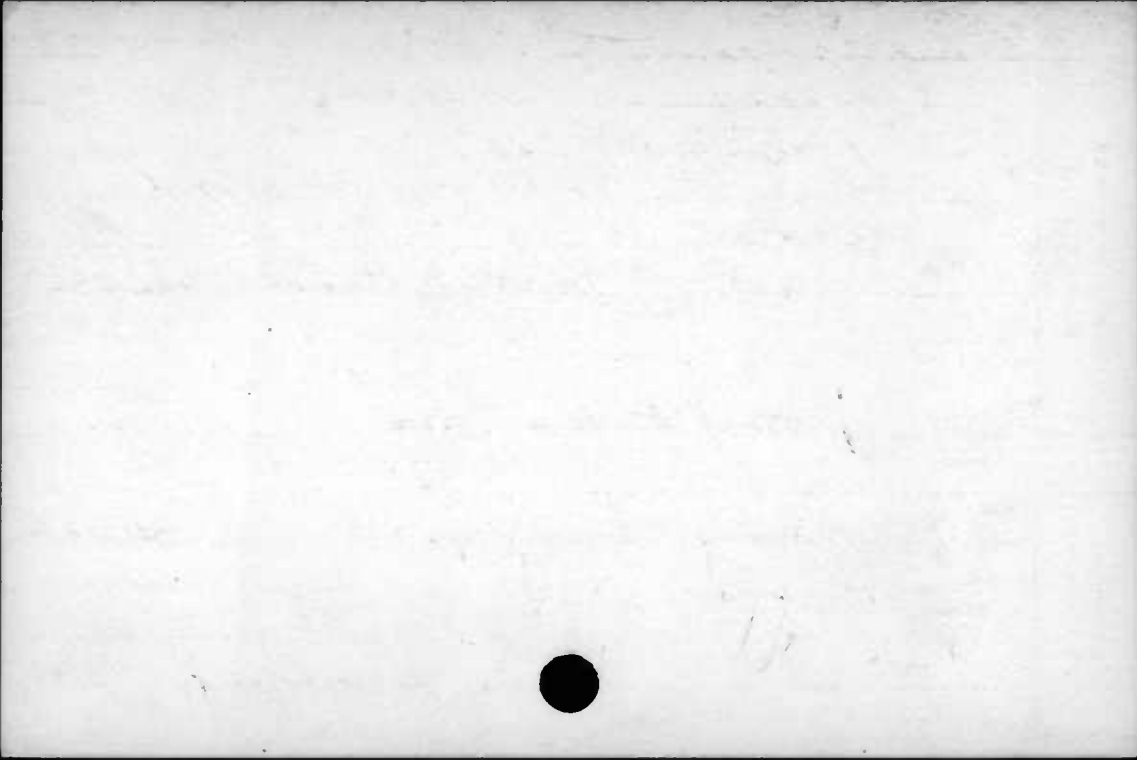
Signature of Physician *W H Privy*

Address *City*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Placid Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		July	25	Age	61		
Sex	Male		Color or Race	White		Birth-place	Germany
Occupation	Laborer			Where Residing if not at place of death		Washington D.C.	
Married, Single or Widowed	Single		Name of Wife or Husband		Helen Steel		
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Peter Thomas					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	1 Killed by Carl Jones		How long	
Immediate	Fall from RR track		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dennis C. Keel, coroner
			Address	Burke's Landing, Md.
Accident		Crime		

G M

German Lutheran

Cemetery -

Fredericksburg

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas Mansel Thomas
Died at *Frostburg* *Alleg* County
Date of death *1905 July 30* Month *July* Day *30* Age *77* Years *4* Months *21* Days
Sex *M* Color or Race *W* Birth-place *Wales*
Occupation *Miner (retired)* Where Residing if not at place of death *—*
Married, Single or Widowed *—* Name of Wife or Husband *Ann Thomas*
Father's Name *Rodger Thomas* Father's Birthplace *Wales*
Mother's Maiden Name *Ann Thomas* Mother's Birthplace *Wales*
Name of person giving information *Jenken Daniels* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Asthma & Chronic Bronchitis* How long *Many years*
Immediate *Acute Bronchitis & pneumonia* How long *few hours*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *[Signature]*
Address *[Signature]*
Accident or Suicide? *—*

G M
Allegheny
County —

Name
in
Full

George Dippin

7/31/77.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Shaff-		allghany					
Date of death	1905	Month	July	Day	11	Age	56
Sex	Male	Color or Race	White	Birth-place	Scotland		
Occupation	Miner			Where Residing if not at place of death	Borden Shaff		
Married, Single or Widowed	Single			Name of Wife or Husband	Margaret Morgan		
Father's Name	John Tiffin			Father's Birthplace	Ireland		
Mother's Maiden Name	Catherine Muller			Mother's Birthplace			
Name of person giving information	John Tiffin			How related to deceased	brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental	How long	16
Immediate	Killed by Trolley Car	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Dennis E. W. Neal Coroner		
	Address		
	Burnsboro, N. D.		
Accident or Suicide?			

1872

Entertain Company -

Name
in
Full

Theodore R. Werrick

CERTIFICATE OF DEATH

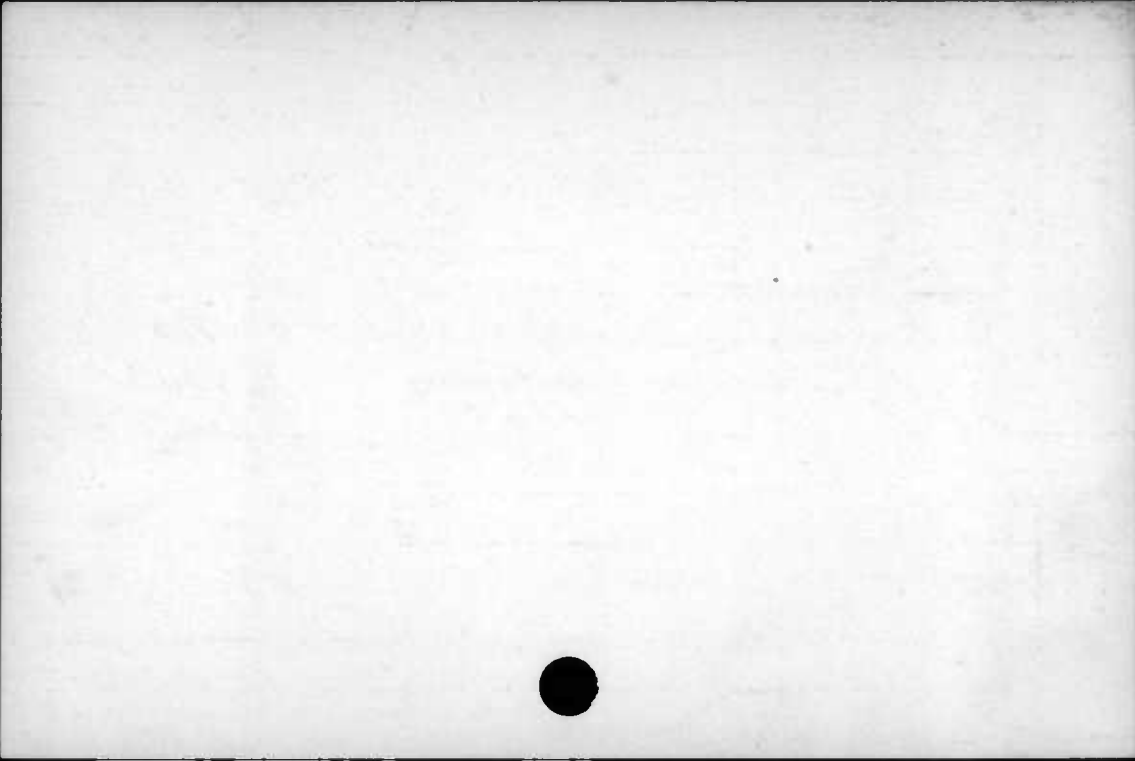
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emma</i> Town		County <i>Alle</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>
Sex <i>Male</i>		Color or Race		Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Geo W Werrick</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mamie Martin</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 da</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. J. Wilson</i>
<i>Wilson</i>	Address <i>Cumberland</i>
Accident or Suicide?	<i>Ind</i>



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at _____ Town _____

County

MARYLAND

Date
of death 1905

Month

Day

Age

Years

Months

Days

Sex

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed ●Name of Wife or ~~Husband~~

Father's
Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

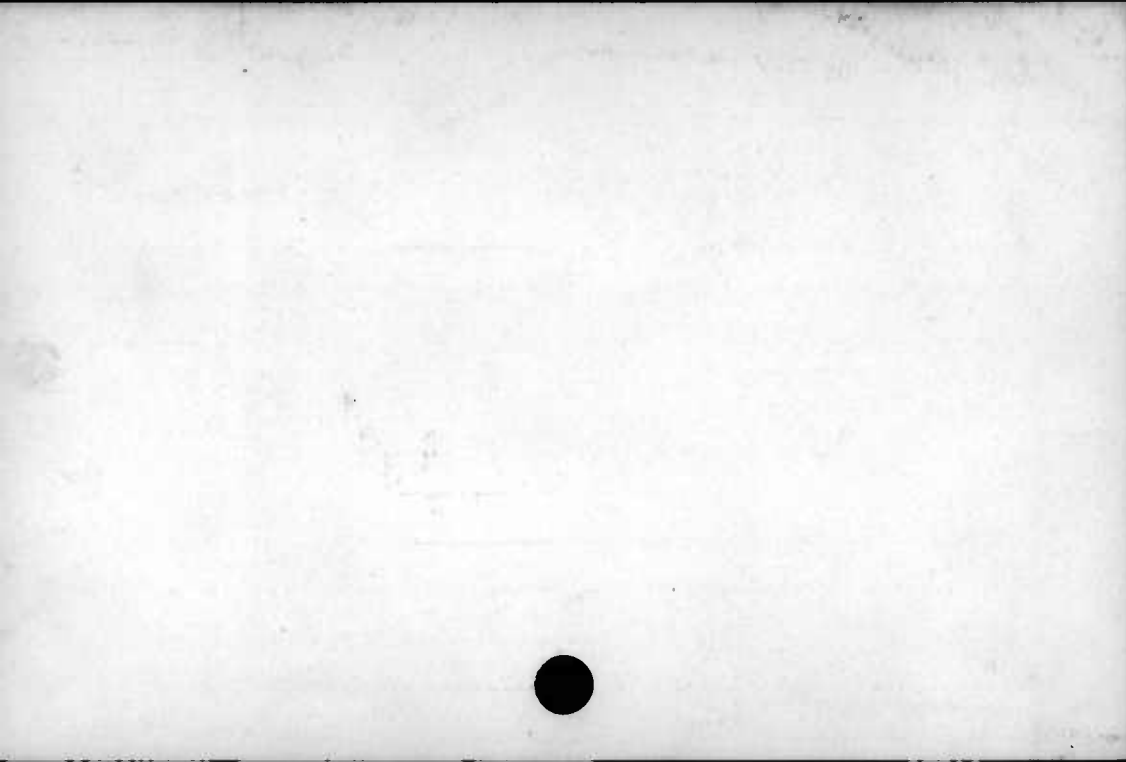
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Alexandra B Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Indian Ocean</u>		County <u>Allegany</u>		MARYLAND	
Date of death 190 <u>5</u>		Month <u>July</u>	Day <u>6</u>	Age <u>53</u>	Years <u>53</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Scotland</u>			
Married, Single or Widowed <u>Married</u>				Occupation <u>Miner</u>			
Name of Wife or Husband <u>Isabella Govan</u>							
Father's Name <u>David Wilson</u>				Father's Birthplace <u>Scotland</u>			
Mother's Maiden Name <u>—</u>				Mother's Birthplace <u>Scotland</u>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Accidental</u>		How long <u>Killed suddenly</u>	
Immediate <u>Killed by fall of breast coal in Ocean mine</u>		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Dennis E. Neal</u>	
		Address <u>Lumberton Md</u>	
Accident or Suicide? <u>Accident</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		July	12	45		3	
Sex	Female	Color or Race	White		Birth-place	Allegheny Co.	
Occupation	None			Where Residing if not at place of death		—	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Benj. Yates				Father's Birthplace	Wales	
Mother's Maiden Name					Mother's Birthplace	Wales	
Name of person giving information	Benj. Yates				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease		How long	Short time
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	J. Cleary
			Address	Frothingham
Accident or Suicide?	No			

Grm

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cumuld* Town *Youngblood* County *Alleghany*Date of death *190* *July* Month *19* Day Age *—* Years Months *2* Days *15*Sex *Female* Color or Race *White* Birth-place *Cumuld.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *Gas Youngblood*

Father's Birthplace _____

Mother's Maiden Name *Ida Apple*

Mother's Birthplace _____

Name of person giving information *Gas Youngblood* How related to deceased *Father*

CAUSES OF DEATH

Primary

Summer Complaint

How long _____

Immediate

Exhaustion

How long _____

Are the name, age, sex, color, date and place correctly given above?

Yes

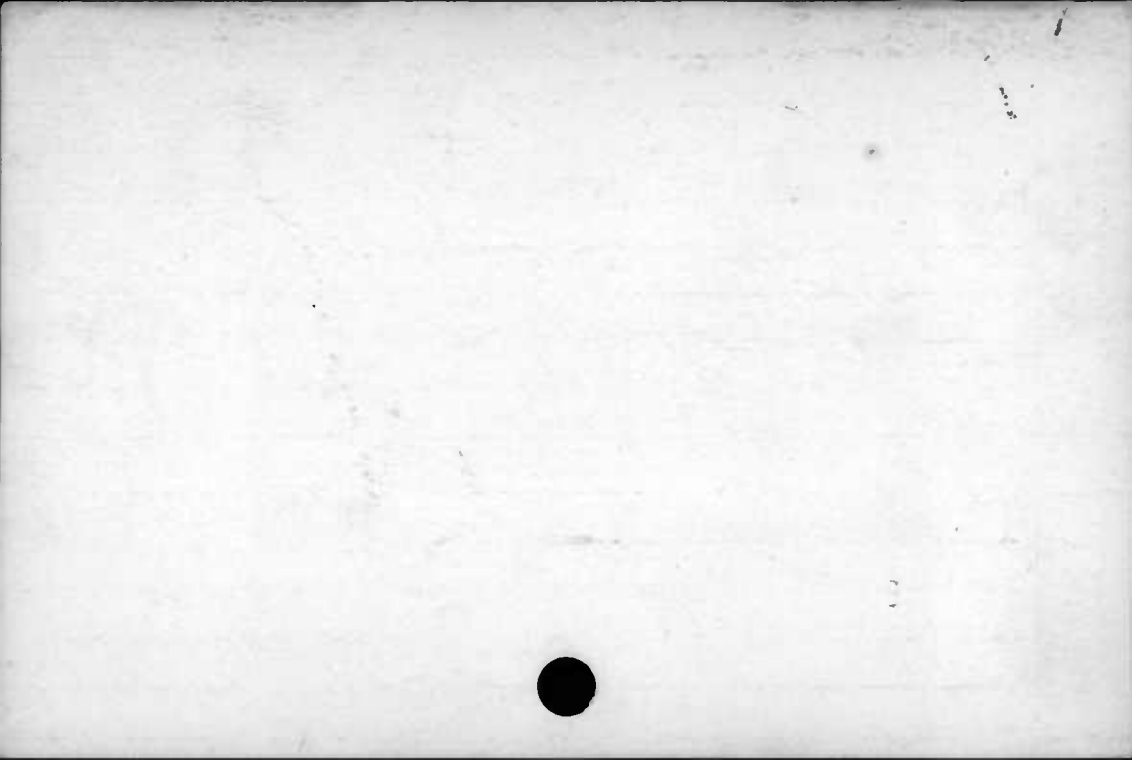
Signature of Physician

Dr W. W. Wiley
per Father

Address

Wiley.

Accident or Suicide?



Name
in
Full

unknown infant -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumber		County Adelphi		MARYLAND	
Date of death	1905	Month July	Day 27	Age	Years	Months	Days
Sex	—			Color or Race	white		Birth-place
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband			
Father's Name	unknown					Father's Birthplace	"
Mother's Maiden Name	"					Mother's Birthplace	"
Name of person giving information	Coroner					How related to deceased	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	unknown	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	—	Signature of Physician	Dennis E. O'Shea Coroner
		Address	Cumberland Md
Accident or Suicide?			

